

**Harps Pharmacy #144**  
**1120 E. German Ln**  
**Conway, AR 72032**  
**501-329-3733**

## STATEMENT

TEST PATIENT  
123 FAKE STREET  
ANYWHERE, CA 99999

Statement Date	Account	Payment Due	Pay This Amount
02/04/2025	T03007P1970	03/06/2025	\$4.07

Date	Description	Billed	Insurance Paid	Insurance Adjustment	Patient Pay
12/24/2025	99202– E/M New Patient	103.77	-59.68	-44.09	4.07
12/24/2025	87400– Influenza Test	62.40	-25.44	-36.96	0.00
Balance Due					\$4.07

For your convenience, payments can be made by mail, phone, or in-person at your local Harps Pharmacy. We accept cash, credit/debit cards, and checks. If you have any questions regarding this statement, please contact your local Harps Pharmacy.

Thank you for choosing Harps Pharmacy for your healthcare needs!

Account Number: T03007P1970  
Amount Due: \$4.07

TEST PATIENT  
123 FAKE STREET  
ANYWHERE, CA 9999

Amount Enclosed

Make check payable to/Mail check to:

**Harps Pharmacy #144**  
**1120 E. German Ln**  
**Conway, AR 72032**

# How to Read our Harps Pharmacy Medical Billing Statement

The name and address of the patient who received the service.

Harps Pharmacy #144  
1120 East German Ln  
Conway, Arkansas 72032  
501-329-3733

**HARPS PHARMACY**

**BILLING STATEMENT**

The date the statement was mailed to the patient.

Test Patient  
123 Fake Street  
Anywhere, CA 99999

Date the payment is due. Statements will be sent out once monthly until paid or up to three months.

Statement Date	Account Number	Payment Due	Amount Due
2/4/2025		03/06/2025	\$4.07

The date the following service was provided.

Date	Description	Total Charges	Adjustments	Insurance Payments	Patient Pay
12/24/25	FLU TESTING	\$166.17	\$81.05	\$85.12	\$4.07
				Patient Payments	- \$0
				Amount Due	\$4.07

After all adjustments and insurance payments, this is the amount that is now the patient's responsibility.

A description of the service provided.

For your convenience, payments can be made by mail, phone, or in person at the Harps Pharmacy listed at the top of this statement. We accept cash, credit/debit cards, and checks. If you have any questions regarding this statement, please contact Harps Pharmacy.

Thank you for choosing Harps Pharmacy for your healthcare needs.

The total amount billed for each service.

The amount reduced due to a negotiated rate with the insurance plan.

The total amount the insurance plan paid towards each service provided.

**HA PHARMACY**

Test Patient  
123 Fake Street  
Anywhere, CA 99999

Amount Enclosed \$

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