

ESSENTIA HEALTH - STATEMENT

Program A	Statement Date	Due Date	Responsible Party	Pay This Amount
12335	11/15/2012	12/15/2012	Jane Jesse Jones	See Details Below

Patient	Account#	Date of Service	Description	Charges	Payment Adj.	Ins Bal.	Patient Bal.
Jane J	9675345	12/15/2012	Hemophila Infusion	5,000.00	5,000.00	00.00	500.00
		12/15/2012	Visit	100.00	100.00	00.00	0.00
			Outstanding Balance From Jane Jesse Jones	5,000.00	5,000.00	00.00	500.00
			Previous Balance				0.00
			Total Balance				500.00