COMPLETE AND RETURN IF PAYING BY CREDIT CARD

CARD NUMBER	SECURITY CODE
NAME ON CARD	EXP.DATE
SIGNATURE	AMOUNT

STATEMENT DATE	Balance Amount	ACCT.#
05-07-2025	$412.69	AB429

EaseEHR

AB Dermatology, LHR
41 10th, DHA
New York, NY 10018
Billing Dept: (123) 123-1234

PHONE: (123) 123-1234

Shir Test
Shir Test
135 North 3rd Street
Brooklyn ,NY 11249

AB Dermatology, LHR
41 10th, DHA
New York, NY 10018

SCAN FOR MOBILE PAYMENT

STATEMENT

Page: 1 of 1

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENTS

DATE	DESCRIPTION	CHARGES	ADJ *	PAYMENT		BALANCE
				INS	PAT	
12-10-2024	No Show	$50.00	$0.00	$0.00	$0.00	$50.00
05-06-2025	Office visit at Los Angeles	$167.08	$0.00	$0.00	$0.00	$167.08
05-06-2025	Acne Chemical Exfoliation at Los Angeles	$195.61	$0.00	$0.00	$0.00	$195.61

Credit	Current	30-60 DAYS	60-90 DAYS	90+ DAYS
$0.00	$362.69	$0.00	$0.00	$50.00

Patient Balance

$412.69

MESSAGE:

This balance was determined by your insurance company after processing the claim for this date of service. The copayment paid at the time of your visit is not part of this amount. Patient's responsibility might be coming from your insurance plan deductible, coinsurance, or ineligibility for the benefits at the time of service.

* *The insurance benefit which is paid out by an insurance company in response to an*

insurance claim, after it has been adjusted by a claims adjuster

PLEASE MAKE CHECK PAYABLE TO: AB Dermatology, LHR