



**STATEMENT**

PATIENT NAME: YOUR NAME

SERVICE DATE: 06/25/09

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DATE	DESCRIPTION	AMOUNT
	PREVIOUS BALANCE	0.00
06/25/09	LABORATORY	570.00
08/07/09		0.00
08/27/09	JVHL FFS ADJ	463.90-
08/27/09	JVHL FFS ADJ	570.00-
08/27/09	JVHL FFS ADJ	570.00

0102

ACCOUNT BALANCE	ESTIMATED INSURANCE DUE	ACCOUNT NUMBER
\$106.10	\$0.00	123456789