

Emergency Room Billing Statement

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Account Number: [Insert Account Number]

Charges Summary

Description	Quantity	Unit Price	Total
Emergency Room Visit	1	[\$[Insert Price]]	[\$[Insert Total]]
Lab Tests	[Insert Quantity]	[\$[Insert Unit Price]]	[\$[Insert Total]]
Medications	[Insert Quantity]	[\$[Insert Unit Price]]	[\$[Insert Total]]
Subtotal			[\$[Insert Subtotal]]
Insurance Adjustment			[\$[Insert Adjustment]]
Total Due			[\$[Insert Total Due]]

Payment Instructions

Please make all checks payable to [Insert Provider Name].

If you have any questions regarding this statement, please call our billing department at [Insert Phone Number].

Thank you for choosing [Insert Hospital/Facility Name].