

Appointment Billing Statement

Date: **[Insert Date]**

Patient Name: **[Insert Patient Name]**

Patient ID: **[Insert Patient ID]**

Appointment Date: **[Insert Appointment Date]**

Provider: **[Insert Provider Name]**

Service Details

Service Description	Cost
Initial Consultation	[\$[Insert Amount]]
Skin Evaluation	[\$[Insert Amount]]
Treatment Procedure	[\$[Insert Amount]]

Total Charges

Total Amount Due: **[\$[Insert Total Amount]]**

Payment Information

Please make the payment by **[Insert Due Date]**.

Payment can be made via:

- Credit Card
- Check
- Online Payment Portal

Contact Information

If you have any questions regarding this bill, please contact us at:

Phone: **[Insert Phone Number]**

Email: **[Insert Email Address]**