

# Healthcare Bill Payment Statement

Date: [Date]

To: [Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

Thank you for trusting us with your healthcare needs. This statement summarizes your recent bill for healthcare services provided. Please see the details below:

Description of Services	Date of Service	Amount
[Service Description]	[Service Date]	[Service Amount]
[Service Description]	[Service Date]	[Service Amount]

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

Payment Options:

- Online payment at [Website URL]
- By mail: [Mailing Address]
- In-person at our office: [Office Address]

If you have any questions regarding this statement, please do not hesitate to contact our billing department at [Phone Number] or [Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Healthcare Provider Name]

[Title]