

Billing Statement for Respiratory Therapy Services

Date: [Date]

Patient Name: [Patient Name]

Patient Address: [Patient Address]

Account Number: [Account Number]

Biller Name: [Biller Name]

Biller Address: [Biller Address]

Services Rendered

Date of Service	Description of Service	Amount Charged
[Date]	[Service Description]	[\$[Amount Charged]]

Total Amount Due

Total: \$[Total Amount]

Due Date: [Due Date]

Please make your payment to the address listed above or contact us at [Phone Number] for any inquiries.

Thank you for choosing our services.