APEX SKIN
MEDICAL / SURGICAL / AESTHETIC

Sample Bill

PATIENT NAME			IF PAYING BY CREDIT, FILL OUT BELOW. CHECK CARD USED	
TEST PATIENT TEST			[ ] MASTER CARD [ ] VISA [ ] DISCOVER	
BILL DATE	**ACCT**	**AMOUNT PAID**	**CARD NUMBER**	**AMOUNT PAID**
07/15/2020	123804			
			SIGNATURE:	**EXP.DATE:**
			AMOUNT ENCLOSED:	

TEST PATIENT TEST 5800 RIDGE ROAD Wickliffe OH 44092	**THIS IS A STATEMENT OF SERVICES RENDERED BY PHYSICIAN(S) WHO ARE MEMBERS OF:** Apex Dermatology Concord 7580 Auburn Rd Suite 301 Concord OH 44077-9618 440-349-7546

DATE OF SERVICE	DESCRIPTION OF SERVICE			AMOUNT
07/14/2020	Claim:325877, Provider: [redacted]			
07/14/2020	Facility: Apex Dermatology Concord			
07/14/2020	88305 TISSUE EXAM BY PATHOLOGIST	135.00		
	Your Balance Due On These Services ...			[redacted]
07/14/2020	Claim:326016, Provider: [redacted]			
07/14/2020	Facility: Apex Dermatology Parma			
07/14/2020	99213 Office Visit, Est Pt., Level 3	146.00		
07/14/2020	11300 SHAVE TRUNK <0.5 CM	191.00		
	Your Balance Due On These Services ...			[redacted]

Lab Charge

Charge for office visit/ procedure

DATE	PATIENT NAME	ACCT. NO.	PAY THIS AMOUNT	
07/15/2020	TEST PATIENT TEST	123804		[redacted]

This is a statement for professional services rendered by your physician. You may receive a separate bill from the hospital for its services.	**MAKE CHECK PAYABLE TO:**	Apex Dermatology

IMPORTANT MESSAGE REGARDING YOUR ACCOUNT