PATIENT STATEMENT

Statement date	10/06/2026
Account number	30-118842
Amount due	**$185.00**
Due by	**11/05/2026**

Bluebird Canyon
Family Medicine

2250 E. Juniper Road, Suite 4
Sierra Vista, AZ 85635
Billing questions: (520) 555-0187

Patient / Responsible party:
Margaret A. Ellison
412 Cottonwood Lane
Sierra Vista, AZ 85635

Insurance on file: Saguaro Senior Advantage, ID SSA-000-48817

Account Activity

Date	Code	Description	Amount
09/18/2026	99214	Office visit, est. patient (Dr. E. Navarro)	$210.00
09/18/2026	80061	Lipid panel	$95.00
09/18/2026	83036	Hemoglobin A1c	$65.00
09/18/2026	83036	Hemoglobin A1c	$65.00
09/18/2026	82306	Vitamin D, 25-hydroxy	$120.00
09/18/2026		Patient payment, copay (Visa ending 4417), thank you	−$20.00
09/30/2026		Insurance payment, Saguaro Senior Advantage	−$140.10
09/30/2026		Contractual adjustment, Saguaro Senior Advantage	−$209.90
Balance due from patient			**$185.00**

Your insurance has processed your claim. The remaining balance is your responsibility. Please pay by the due date to avoid a $25.00 late fee. If you have questions about this statement, call our billing office Monday through Friday, 8:00 a.m. to 4:30 p.m.

Ways to pay: online at our patient portal, by phone at (520) 555-0187, or by mailing the coupon below with a check.

Please detach and return this portion with your payment.

Bluebird Canyon Family Medicine	Account: 30-118842	**Amount due: $185.00**
P.O. Box 1774, Sierra Vista, AZ 85636	Patient: Margaret A. Ellison	Amount enclosed: $_____

SAMPLE DOCUMENT for Cochise College CLL class use. All names, numbers, and organizations are fictional.