



**Save Time & Money**

**Eliminate** printing, folding, stuffing, sealing, metering, mailing, and troubleshooting.  
**Obtain** professional designs, quality processing, advanced features, and online Controls.

## Healthcare Design Features

**Service Messages**

Customize up to 3 lines

**Change Checkbox**

Prompt to receive changed information

**Multiple Messages**

Print 1 prominently displayed and up to 5 additional messages

**Detail Section**

Select/customize up to 9 columns

**Account Summary**

Select/customize up to 5 sub boxes

**Aging**

Select/customize up to 5 sub boxes

Health USA  
125 MAIN STREET  
STE 118  
SERVICE CITY MA 99999  
Return Service Requested

For Billing Inquiries Call:  
(999)999-9999  
Visit OurWebSiteURL.com

SALLY SMITH  
16 ELM STREET  
SERVICE CITY MA 99999

Please complete payment information.

Account	Statement Date	Acct. Balance	Payment Due
HC1-BL	2/11/20xx	x.00	x.00

Credit Card  Selected Card  Visa  Mastercard  Discover  AMEX

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Signature \_\_\_\_\_ 3-4 Digit Sec. Code \_\_\_\_\_

Check  Check No. \_\_\_\_\_ Amount Paid \_\_\_\_\_

Make checks payable to:  
Health USA  
125 MAIN STREET  
STE 118  
SERVICE CITY MA 99999

Check if your billing information has changed. Provide update(s) above or on reverse side. Please detach and return top portion with payment.

Schedule your next appointment at OurWebSiteURL.com. It's fast, easy, and convenient.

**Messages**

- The "Messages" bar and section only prints when messages are provided by biller.
- Up to 5 messages can be printed here.
- Individual statement messages can be modified during online eApproval.
- Dunning messages can be added for past due accounts.
- Example Message - Payments received after the 25th of the month may not be reflected on this bill.

Statement Detail		Statement Date 2/11/20xx			Account HC1-BL	
Date	Name	Description	Optional	Charges	Receipts	Balance
1/04/20xx	Sally Smith	Office Estb Detailed Hx-Exam/Modera		x.00	x.00	x.00
1/04/20xx	Sally Smith	Urinalysis		x.00	x.00	x.00
1/04/20xx	Sally Smith	Hematocrit		x.00	x.00	x.00
1/04/20xx	Sally Smith	Office Estb/Min/None Hx-Exam/St-Fwd		x.00	x.00	x.00
1/04/20xx	Sally Smith	Office Estb/Min/None Hx-Exam/St-Fwd		x.00	x.00	x.00
1/04/20xx	Sally Smith	Office Estb Focused Hx-Exam/Str-Fwd		x.00	x.00	x.00
1/04/20xx	Sally Smith	Office Estb Comprhn Hx-Exam / High		x.00	x.00	x.00
1/04/20xx	Sally Smith	Urinalysis		x.00	x.00	x.00
1/04/20xx	Sally Smith	Hematocrit		x.00	x.00	x.00
1/04/20xx	Sally Smith	Counseling - 25 Minutes		x.00	x.00	x.00
1/04/20xx	Sally Smith	Hospital Discharge		x.00	x.00	x.00

Account Summary	Previous Balance	New Charges	Payments & Credits	Adjustments	Estimated Insurance	Account Balance	Payment Due
	x.00	x.00	x.00	x.00	x.00	x.00	x.00

Aging	Current	31-60 Days	61-90 Days	91-120 Days	120+ Days
	x.00	x.00	x.00	x.00	x.00

Health USA 125 MAIN STREET STE 118 SERVICE CITY MA 99999  
For Billing Inquiries Call: (999)999-9999 Visit OurWebSiteURL.com

**Payment Summary**

- Select/customize up to 4 boxes
- Select credit cards to display
- Capture 3-4 digit Security Code

**Processing Bar Codes**

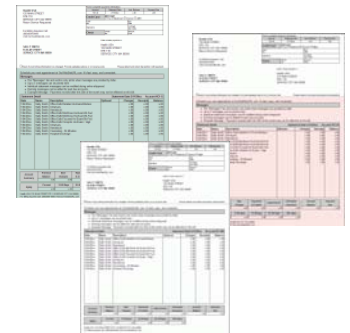
Ensure 100% delivery accuracy

**Perforation**

Perforated paper for easy separation

**Paper Color Options**

White, Blue, Green, and Red



**Payment Due Boxes**

Select/customize up to 2 boxes

**\$30.00 monthly fee**  
**67¢ for 1st page of statement**  
**13¢ for each additional page**

### Advanced Features

**Online Document Management Controls**

**eApprove** - REVIEW, APPROVE or REJECT uploaded files,  
Delete Single Documents and Modify Messages.  
**eView** - VIEW and PRINT 12 months of mailed documents.

**Address Updating Service ("NCOALink")**

With NCOALink, we update changed addresses for correct mailing and provide you with a changed address report. (Optional service.)

**Learn More**

Contact: Tina Kelley at Incomp, or  
Visit: BillFlash.com  
Email: tina@incompnet.com  
Call: 850-784-0101  
Enroll Now: BillFlash.com

**Outgoing Envelope (No. 10)**

Double window, address, and barcode save time & money



**Payment Return Coupon**

Speeds accurate payment posting



**Return Envelope (No. 9)**

Your name, address, and barcode show for timely/accurate delivery

