

ACCOUNT STATEMENT

Page: 1

**SEND
CHECK TO:**

GULF COAST PHARMACY
PO BOX 489
Gonzales, LA 70737
PH: 225-647-4182

PLEASE
RETURN THIS
PORTION
WITH YOUR
PAYMENT

JANE DOE
123 MAIN ST.
GONZALES LA 70734

ACCOUNT TYPE

PRIVATE (PR)

ACCOUNT NO.

123/12345

BILLING DATE

12-31-2017

PATIENT'S NAME

DOE, JANE

AMOUNT DUE: 39.28

DUE DATE: Jan 30, 2018

AMOUNT PAID:



DATE	RX NO.	QTY.	DESCRIPTION	CHARGES	CREDITS	BALANCE
1	2	3	4	5		7
12-11-2017			Payment Mastercard			23.82
12-12-2017	1879860	28	ASPIRIN 81MG EC TAB	5.92		(Otc)
12-12-2017	1924869	28	DONEPEZIL 10MG TAB (COPAY)	4.00		(Legend)
12-12-2017	1954880	28	ROSUVASTATIN 5MG TAB (COPAY)	4.00		(Legend)
12-29-2017	1965739	60	ACETAMIN ARTHRITIS 650MG TAB	11.36		(Otc)
12-29-2017	1965744	11	PREDNISONE 20MG TAB (COPAY)	4.00		(Legend)
			Totals OTC: 17.28 Legend: 12.00			
					6	
					-13.82	

1. This is the date of the transaction (date your prescription was filled or date payment was received).
2. This is the prescription number associated with the medication we filled for you.
3. This is the quantity of medication we filled for you. Depending on the item, it could be in reference to milliliters, tablets, capsules, or grams.
4. This is the name of the medication that was filled for you. We will always fill generic when possible, unless specified otherwise by you or your Doctor.
5. This is the amount that is due for each medication. If COPAY is indicated to the left, then the price is the copay amount set by your insurance. If COPAY is not indicated, then that items is either not covered by your insurance or is an over the counter medication (OTC).
6. Payments and credits received during the current month will show in this field.
7. OTC= Over the Counter Medication, LEGEND= Prescription medication
8. If you have not paid your previous balance in full, or if your payment was received after the billing date, the past due balances will appear in these fields.
9. Is the total charge for all medications that were filled during the current billing month.
10. Balance Due includes the current charges and any past due balance.

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FINANCE CHARGES ARE CALCULATED AT A MONTHLY RATE OF 0.0% (ANNUAL RATE OF 0.00%) BASED UPON ANY UNPAID BALANCE OUTSTANDING 0 DAYS OR MORE AS OF BILLING DATE

(123/12345- DOE, JANE)

FINANCE CHARGE	YTD FINANCE CHARGES	YTD CHARGES
0.00	0.00	195.12

OVER 90 DAYS	61-90 DAYS	31-60 DAYS	CURRENT	BALANCE DUE
0.00	0.00	10.00	29.28	39.28

GULF COAST PHARMACY

Retain Lower Portion For Your Tax Insurance Records