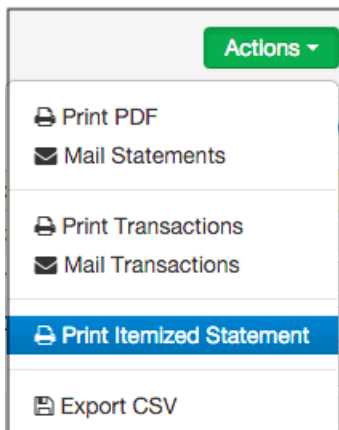# Creating an Itemized Patient Statement

DrChrono allows you to generate a single report for a patient with their insurance information, a summary of their balance, and all of their financial transactions.

1. Hover over the **Billing** tab and select **Patient Statements**

2. Select a patient from the list by checking the box next to their name.

The patients listed above are sample patients with test data.

3. Press the green **Actions** button and select either **Print Itemized Statement** or **Print PDF** from the drop-down.
   - Print Itemized Statement will give you a very detailed breakdown of the patient's account.
   - Print PDF will give you a summary, listing the current balance due from the patient.

4. A PDF of the statement will be generated in your message center where you can print it for the patient.

This is the detailed Itemized Statement (Print Itemized Statement):

& Generated PDF: itemized_statements_10_27_15.pdf

Assign to [▼] as [Open ▼] [**Assign**]

From: drchrono

[🖨 Save Attachment to Patient Chart] [🔍 View Document] [▤ Audit Log]   ☆

[Notes]   [**+ Add**]

[Rotate all pages ▼] [ ] to: [ ] [↻ Clockwise] [↺ Counter Clockwise]

123 Wildwood Ave
new york, NY, 91201

Patient Demographics

First Name	Gonzo	**Street Address**	12334 None
Nick Name		**Zip Code**	94089
Middle Name	the	**City**	Sunnyvale
Last Name	Greatest	**State**	CA
Suffix		**Emerg Cont Name**	Rizzo
Home #		**Emerg Cont Phone**	
Cell #	123-123-1234	**Emerg Cont Relation**	Best Friend
Work #	123-123-1234	**Employer**	The Muppet Show
Email	kalin.showers+drchronogonzo@gmail.com	**Employer Zip Code**	94089
Social Security #	123-12-1234		

Here is the summary (Print PDF):

Office name and address

Statement ID: 124560-87286329-8475984		
Statement Date	**Pay This Amount**	**Chart ID**
SHOW AMOUNT PAID HERE:	**$**	

Patient/Responsible Party
name and address

MAKE CHECKS PAYABLE / REMIT TO:

For questions about billing, call   To pay by credit card, call .

....

Please detach and return top portion with your payment.

Patient:		**Chart ID:**	**Statement ID:** 124560-87286329-8475984
Responsible Party:		**Responsible Party Phone:**	

Date of Service	Provider	Procedure	Mods	Charge	Adjmt	Ins. Paid	Pt Paid	Bal Due
		99213 - OFFICE/OUTPATIENT VISIT EST	:::	$150.00			$40.00	$110.00
		J3420 - Vitamin b12 injection	:::	$45.00				$45.00