

**HEALTHCARE CENTER** STATEMENT

123 SAMPLE ROAD  
 YOURCITY, ST 12345-0000  
 TEL (800) 987-6543



IF PAYING BY VISA/MASTER CARD SEE INSTRUCTIONS ON BACK

GUARANTOR NAME	BILLING DATE	PATIENT NUMBER	BALANCE DUE
JOHN SMITH 1 YOUR WAY ANDOVER IL 01234	05/05/04	17615	118.14



DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

AMOUNT ENCLOSED \$ \_\_\_\_\_

PATIENT NAME		PATIENT NUMBER	YOUR PROVIDER		
JOHN SMITH		99663	ROBERT W RIZZI, MD		
DATE	CPT	DESCRIPTION	CHARGES	PAYMENTS/ ADJUSTMENTS	NET DUE
PROV: BRUNO MD		VOUCHER#: 93835			
02/02/04	99203	OFFICE/OUTPATIENT VISIT, NEW, MOD			134.00
02/02/04	73080	X-RAY EXAM OF ELBOW, COMPLETE			107.00
02/02/04	L3908	WRIST SPLINT-COCK UP			69.85
02/02/04	L3700	TENNIS ELBOW SUPPORT			61.03
03/05/04	1736950	HEALTHSOURCE PAYMENT		137.88	
03/05/04	1736950	HEALTHSOURCE ADJ		115.86	

**STATEMENT**

JOHN B. SMITH, JR., M.D.  
 ROBERT W. RIZZI, M.D.  
 KATHY H. SPENCER, SR., M.D.  
 SUMMER J. WINTER M.D.  
 SPRINT H. FALL, JR., M.D.

PLEASE REMIT TO:  
 123 SAMPLE ROAD  
 YOURCITY, ST 12345-0000

PLEASE  
 PAY



PATIENT BALANCE
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GUARANTOR NAME	BILLING DATE	PATIENT NUMBER	BALANCE DUE
MARRY H DOE 56 BRICKETT HILL CIRCLE SOMECITY ST 01012	05/05/04	17803	40.00



DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

AMOUNT ENCLOSED \$ \_\_\_\_\_

PATIENT NAME		PATIENT NUMBER	YOUR PROVIDER		
MARRY H DOE		17803	SUMMER J WINTER, MD		
DATE	CPT	DESCRIPTION	CHARGES	PAYMENTS/ ADJUSTMENTS	NET DUE
PROV: SPENGLER,		VOUCHER#: 95192			
02/17/04	99203	OFFICE/OUTPATIENT VISIT, NEW, MOD			134.00
02/17/04	73030	X-RAY EXAM OF SHOULDER, COMPLETE			130.00
02/17/04	20610	DRAIN/INJECT MAJOR JOINT OR BURSA			157.00
02/17/04	J1094	DEXAMETHASONE/CORTISONE			38.00
02/17/04	J2001	MARCAINE UP TO 5CC			12.00
03/11/04	50800983	BLUE SHIELD PAYMENT		219.02	
03/11/04	50800983	BLUE SHIELD ADJ		231.98	
PROV: SPENGLER,		VOUCHER#: 99783			
04/06/04	99213	OFFICE/OUTPATIENT VISIT, EST, MOD			84.00
04/29/04	JME	BLUE SHIELD PAYMENT		42.54	
04/29/04	JME	BLUE SHIELD ADJ		21.46	

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