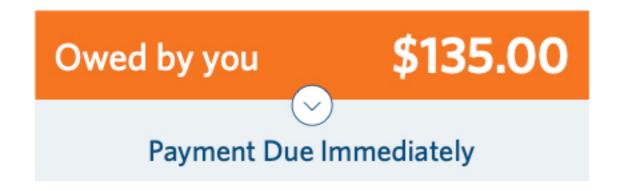
### **Eastern Pain Medicine PC**

66 MIDDLEBUSH RD STE G 101 WAPPINGERS FALLS, NY 12950-4047



# William Fox

#### A message from your practice:

This bill is for laboratory service requested by your physician. Payment in full is expected upon receipt of this invoice. This dunning message has a maximum limit of 200 characters (about 3 lines) and we don't truncate it.



### **Pay Online**

portal.kareo.com/code
Use code: 123-23424-1245
OR scan the QR code



Pay by phone 1.800.726.9120



For Patient Statement Date

Account No.

08/07/2016 125 8392 9238

**Account Status** 

**PAYMENT DUE** 

William Fox

### **Explanation of your bill**

Cost of services

\$2,500.00

φ.

\$1,000.00

Amount insurance paid after deductibles and co-pay

Previously paid

\$40.00

Co-pay or previous payments by you

Adjusted amount

\$45.00

Reduction in your balance due to billing agreements between your doctor and your insurance Owed by you \$135.00

Detailed summary of services on back

## Questions about your bill?

Call (123) 123-1234 ext. 1234 Office Hours: M-F, 9AM-5PM PST • Email: contact@easternpain.com

Detach this coupon and return with your payment.

#### **Eastern Pain Medicine PC**

66 MIDDLEBUSH RD STE G 101 WAPPINGERS FALLS, NY 12950-4047

Check if address/insurance changes are on back

IF PAYING BY CREDIT/DEBIT CARD 104200\_A\_2 VISA MASTERCARD AMERICAN EXPRESS CARD NUMBER SECURITY CODE EXP DATE SIGNATURE **DUE DATE** STATEMENT DATE ACCOUNT NO. **Immediately** 08/07/2016 125 8392 9238 **SHOW AMOUNT PAID HERE PAY THIS AMOUNT** \$135.00

WILLIAM FOX
123 MAIN STREET
ANYTOWN, NY 12345-1234

#### PLEASE MAKE CHECKS PAYABLE TO:

EASTERN PAIN MEDICINE PC
66 MIDDLEBUSH RD STE G101
WAPPINGERS FALLS, NY 125904047

# **Pay Online**

portal.kareo.com/code
Use code: 123-23424-1245
OR scan the QR code





Owed by you

\$135.00



Payment Due Immediately

## **Detailed Summary**

07/18/2016 - Dr. Kensington Livingston	Balance: <b>\$15.00</b>
Office/OP Visit, New Pt Insurance payment Patient payment	-\$25.00
Radiologic exam, ribs, unilat, w/posteroanterior chest, 3+ views Insurance payment	440.00
Colorectal cancer screening, colonscopy on individual at high risk Insurance payment Adjustment due to practice/insurance agreements	-\$10.00
07/19/2016 - Dr. Kensington Livingston	Balance: <b>\$60.00</b>
	Dalance. <b>360.00</b>
Office/Op Visit, New Pt Insurance payment Patient payment	\$90.00
Office/Op Visit, New Pt Insurance payment	\$90.00

FIRST	MIDDLE	LAST		
ADDRESS				
CITY	STATE		ZIP	
TELEPHONE	EMAIL ADDRESS			MARITAL STATUS - Separated
				- Single - Divorced
( )				Married Widowed
NAME OF SECONDARY INSURANCE		POLICY HOLD	ER	
POLICY NUMBER	GROUP NUMBER/NAME			EFFECTIVE DATE
CLAIMS ADDRESS			PHONE N	NUMBER
DEPENDENTS COVERED UNDER SECONDARY INSURANCE				