

# Eastern Pain Medicine PC

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

Owed by you

**\$135.00**

Payment Due Immediately

## 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



### Pay by mail

use coupon below

For Patient	William Fox
Statement Date	08/07/2016
Account No.	125 8392 9238
<b>Account Status</b>	<b>PAYMENT DUE</b>

### Explanation of your bill

Cost of services	Insurance paid	Previously paid	Adjusted amount	<b>Owed by you</b>
<b>\$2,500.00</b>	<b>\$1,000.00</b>	<b>\$40.00</b>	<b>\$45.00</b>	<b>\$135.00</b>
	Amount insurance paid after deductibles and co-pay	Co-pay or previous payments by you	Reduction in your balance due to billing agreements between your doctor and your insurance	

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



WILLIAM FOX  
123 MAIN STREET  
ANYTOWN, NY 12345-1234

#### IF PAYING BY CREDIT/DEBIT CARD

VISA  MASTERCARD  AMERICAN EXPRESS

CARD NUMBER SECURITY CODE EXP DATE

SIGNATURE

STATEMENT DATE	ACCOUNT NO.	DUE DATE
08/07/2016	125 8392 9238	Immediately

PAY THIS AMOUNT SHOW AMOUNT PAID HERE

**\$135.00**

#### PLEASE MAKE CHECKS PAYABLE TO:

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

104200\_A\_2





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Owed by you

**\$135.00**



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### Detailed Summary

#### 07/18/2016 - Dr. Kensington Livingston

Balance: **\$15.00**

Office/OP Visit, New Pt .....	\$45.00
Insurance payment .....	-\$25.00
Patient payment .....	-\$10.00
Radiologic exam, ribs, unilat, w/posteroanterior chest, 3+ views .....	\$45.00
Insurance payment .....	-\$10.00
Colorectal cancer screening, colonoscopy on individual at high risk .....	\$35.00
Insurance payment .....	-\$10.00
Adjustment due to practice/insurance agreements .....	-\$15.00

#### 07/19/2016 - Dr. Kensington Livingston

Balance: **\$60.00**

Office/Op Visit, New Pt .....	\$90.00
Insurance payment .....	-\$25.00
Patient payment .....	-\$10.00

#### 07/19/2016 - Dr. Kensington Livingston

Balance: **\$135.00**

Office/Op Visit, New Pt .....	\$55.00
Insurance payment .....	-\$15.00
Adjustment due to practice/insurance agreements .....	-\$15.00

FIRST		MIDDLE		LAST	
ADDRESS					
CITY		STATE		ZIP	
TELEPHONE (     )		EMAIL ADDRESS		MARITAL STATUS <input type="checkbox"/> - Single <input type="checkbox"/> - Divorced <input type="checkbox"/> - Married <input type="checkbox"/> - Widowed <input type="checkbox"/> - Separated	
NAME OF SECONDARY INSURANCE			POLICY HOLDER		
POLICY NUMBER		GROUP NUMBER/NAME		EFFECTIVE DATE	
CLAIMS ADDRESS				PHONE NUMBER	
DEPENDENTS COVERED UNDER SECONDARY INSURANCE					