

123 Anywhere St.  
DEPT 50024  
ATLANTA, GA 30384

42173

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.

CHECK CARD USING FOR PAYMENT

MASTERCARD   
  DISCOVER   
  VISA   
  AMERICAN EXPRESS

CARD NUMBER	SIGNATURE CODE (CVV)	
SIGNATURE	EXP. DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
06/01/2018	\$2076.39	123456789



RETURN SERVICE REQUESTED

This is a statement for professional services rendered by your physician. You may receive a separate bill from the hospital for its services.

PAGE: 4 of 4

AMOUNT PAID
\$

END PAYMENTS AND CORRESPONDENCE TO THIS ADDRESS



Jane Doe  
123 Anywhere St.  
Jupiter, FL 33458

123 Anywhere St.  
DEPT 50024  
ATLANTA, GA 30384

You can now pay your bill online at <http://www.shcr.com/patients>

42173\*T7Q0PFR21000007

Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT 6574008(PC1)

DATE OF SERVICE	DESCRIPTION OF SERVICE	CHARGES	CREDITS	BALANCE
07/18/17	76820 DOP VELOCIMETRY	186.00		
07/18/17	Patient Payment		0.00	
07/18/17	Cigna Commercial Payment		526.34	
07/18/17	Cigna Commercial Adjustment		691.24	
07/18/17	Your balance will be sent to collections if payment is not received.			
07/18/17	Your Balance Due On These Services ...			23.42

ACCOUNT TOTAL	CURRENT	30 DAYS	60 DAYS	90 DAYS	OVER 120 DAYS
2076.39					2076.39

DATE	PATIENT NAME	ACCOUNT NO.	PAY THIS AMOUNT
06/01/2018	Jane Doe	123456789	\$2076.39

PHONE #: 972-758-9422

MAKE CHECK PAYABLE TO:

MESSAGE:

You can now pay your bill online at <http://www.shcr.com/patients>

42173\*T7Q0PFR21000007

