## Please Make Checks Payable To:

Charles R. Mead, O.D.

Charles R. Mead, O. D. 1502 Woodlane Drive, Woodbury MN 551252221 (651) 735-9550

Kumar, Pankaj 3410 North View Bay Woodbury MN 55125

Please Pay This **Amount** 

Statement

| Date     | Total Charges | Insur. Owes | Secondary | Patient Owes |
|----------|---------------|-------------|-----------|--------------|
| 07/28/16 | 97.00         | 0.00        |           | 0.00         |

| Account Name                           |          | Patie   | Patient ID Patient |            |           | De    | escription | Slip                  | # Se     | Service Date |    |     |
|--|----------|---------|--------------------|------------|-----------|-------|------------|-----------------------|----------|--------------|----|-----|
| Kumar, Pankaj                          |          | 91      | 917104 Pank        |            | j         |       |            | 9859                  | 30 0     | 01/18/16     |    |     |
| Date                                   | Pat. Pay | Ins Pay | Ins Adj            | Sec Pa     | y Sec Adj | Refun | d          | Services & Procedures | Units    | Charge       | Тx | Tax |
| 01/18/16                               |          |         |                    |            |           |       |            | Gold Package          | 1        | 97.0         |    |     |
| 01/18/16                               | 58.00    |         | sa c               | 2359       | 1         |       |            |                       |          |              |    |     |
| 01/18/16                               | 39.00    | vis     | 39                 | 2899       | <u> </u>  |       |            |                       |          |              |    |     |
|  |          |         |                    |            | _         |       |            |                       |          |              |    |     |
|  |          |         |                    |            |           |       | _          |                       |          |              |    |     |
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|  |          |         |                    |            |           |       |            |                       |          |              |    |     |
| <del></del>                            |          |         |                    |            | -         |       |            |                       |          |              |    |     |
|  |          |         |                    |            |           |       |            |                       |          |              |    |     |
|  |          |         |                    |            |           |       |            |                       |          |              |    |     |
|  |          |         |                    |            |           |       |            |                       |          |              |    |     |
|  |          |         |                    |            |           |       |            |                       |          |              |    |     |
|  |          |         |                    |            |           |       | _          |                       |          |              | _  |     |
|  |          |         |                    |            |           |       | _          |                       |          |              | _  |     |
|  |          |         |                    |            |           |       |            |                       |          |              |    |     |
|  |          |         |                    |            |           |       | _          | 17                    |          |              |    |     |
|  |          |         |                    |            |           |       | -          |                       |          |              |    |     |
|  |          |         |                    |            |           |       | 1          |                       | _        |              |    |     |
|  |          |         |                    |            |           |       |            | Lat                   | te Fee   |              |    |     |
|  |          |         |                    |            |           |       |            |                       | 7-       |              | _  |     |
|  |          |         |                    |            |           |       |            | Total Ch              | arges [  | 97.0         | 0  |     |
|  | <u> </u> |         |                    |            |           |       | _          | Total Patient Adjus   | tment [  |              |    |     |
|  | 1        |         |                    |            |           | -     | -          | Total Fatient Adjus   | ounent [ |              |    |     |
| Totals                                 | 97.00    |         |                    | <u>, I</u> |           |       |            |                       |          |              |    |     |