

Address Service Requested

Place of Service

PATIENT NAME

(A,8)

ACCOUNT NUMBER

STATEMENT DATE

01/29/2007

AMOUNT DUE

AMOUNT PAID

\$10.26

PLEASE DETACH AND RETURN TOP PORTION WITH PAYMENT

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Date	Code	Description	Amount	Total
12/02/06	74160	CT ABDOMEN WITH CONTRAST LTD	CHG	231.00
12/02/06	72193	CT PELVIS W CONTRAST	CHG	231.00
12/18/06	380	CONTRACT ADJ	CR	-359.31
12/18/06	370	PAY OR ADJ	PMT	-92.43

Access account at www.

Acct#:

Password:

Office hours: Monday thru Friday 8:30AM - 4:20PM

PAID

Questions call (301)

ACCOUNT NUMBER

DATE OF STATEMENT

PAYMENTS AFTER THIS
DATE WILL APPEAR ON
YOUR NEXT STATEMENT

BALANCE

AMOUNT DUE

01/29/2007

\$10.26

\$10.26

PATIENT NAME

Tax Id

Place of Service:

Referring Doctor:

MAKE CHECKS PAYABLE TO:

*****ATTENTION PATIENT*****

YOUR ACCOUNT IS NOW SERIOUSLY PAST DUE. PLEASE REMIT PAYMENT IMMEDIATELY TO AVOID FURTHER COLLECTION ACTIVITY. IF YOU HAVE QUESTIONS REGARDING THE ABOVE CHARGES, PLEASE CALL THE BILLING OFFICE. THANK YOU FOR YOUR PROMPT RESPONSE.

SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION