

Waverley Surgery Center  
PO Box 305250  
Nashville, TN 37230



RETURN SERVICE REQUESTED

Waverley

Patient Name: NICOLE HEMENWAY  
Billing Phone: 844-207-7364  
Web Address: [www.waverleysurgery.com](http://www.waverleysurgery.com)  
Office Hours: 7:00am-4:00pm CT

IF PAYING BY VISA, MASTERCARD, DISCOVER OR AMERICAN EXPRESS, FILL OUT BELOW		
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER
<input type="checkbox"/> AMER. EXP.		
CARD NUMBER	EXP. DATE	AMOUNT
SIGNATURE		MUST INCLUDE 3 OR 4 DIGIT SECURITY CODE FROM BACK OF CARD

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
3/17/2017	\$150.00	519554

CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT.

SHOW AMOUNT PAID HERE \$

Stmt ID#: 920589285

MAKE CHECKS PAYABLE / REMIT TO:



111047-33



NICOLE HEMENWAY  
4101 PARK BLVD  
PALO ALTO CA 94306-4140

Waverley Surgery Center  
PO BOX 305250  
NASHVILLE TN 37230-5250



Pay online at <https://secure.epayhealthcare.com/WASC271epay>

☐ Please check box if above 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 IN ENCLOSED ENVELOPE

PATIENT NAME:  
NICOLE HEMENWAY

ACCT NO:  
519554

Last Service Date: 1/18/2017

Transaction Date	Service Date	Description	Amount
1/25/2017	1/18/2017	Billing	\$4,895.00
2/14/2017	1/18/2017	Primary Insurance Payment	(\$2,297.50)
2/14/2017	1/18/2017	Contractual Write-off	(\$2,447.50)

Statement Balance \$150.00  
Patient Balance \$150.00

For questions please call 844-207-7364.  
YOU CAN NOW PAY YOUR BILL ONLINE!  
<https://secure.epayhealthcare.com/WASC271epay>

## STATEMENT

SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION

