



MAKE CHECKS PAYABLE TO:

FIRST COAST NEUROSCIENCES
PO BOX 17809
JACKSONVILLE, FL 32245-7809

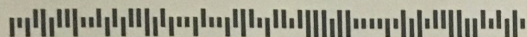
*Paid
Discovery
3/19/17*

IF PAYING BY CREDIT CARD, FILL OUT BELOW

 <input type="checkbox"/>  <input type="checkbox"/>		
CARD NUMBER		AUTHORIZATION CODE: <small>(3 digits for Visa & MC, 4 digits for Amex)</small>
SIGNATURE		EXP. DATE
STATEMENT DATE 03/14/2017	PAY THIS AMOUNT \$15.89	ACCT. # 60513
SHOW AMOUNT PAID HERE \$		

ADDRESSEE:

RETURN SERVICE REQUESTED 2 1



MONICA FERGUSON
3185 KERNAN LAKE CIR APT 107
JACKSONVILLE, FL 32246-3333

398
354
0038953

REMIT TO:

FIRST COAST NEUROSCIENCES
PO BOX 17809
JACKSONVILLE, FL 32245-7809

☐ 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

Page 1 of 1

Patient Name: MONICA FERGUSON

Doctor: STEVEN TOENJES, MD

Invoice	Date	Description	Charges	Payments	Adjust	Due By Patient	Due By Insur.
179182	02/27/2017	OFFICE OR OUT PT VISIT EXTENDED	\$215.12				
179182	03/09/2017	BCBS OF FL		\$90.10			
179182	03/09/2017	BC/BS W/O:N381					
179182	03/09/2017	BC/BS W/O:Pt Resp: Co-Ins of \$15.89					
179182	03/09/2017	BC/BS W/O:Contract Obl: Code '45'			\$109.13	\$15.89	\$15.89
Balance Due for Invoice 179182 (Service Date: 2/27/2017):							
Total Balance Due:							

For Billing Questions, please call MEDICAL BILLING SERVICES INC at (904)723-5665. Please make checks payable to FIRST COAST NEUROSCIENCES and include your account number 60513 with your payment.

Current	Over 30 Days	Over 60 Days	Over 90 Days	Over 120 Days	Total Due By Patient
\$15.89	\$0.00	\$0.00	\$0.00	\$0.00	\$15.89

Account Number: 60513

Date of Statement: 03/14/2017

YOU MAY NOW PAY YOUR BALANCE ON LINE AT WWW.FCNEURO.COM BY CHECK, CREDIT CARD OR DEBIT CARD.
****PAYMENT IS DUE UPON RECEIPT****