

Pay To : ,

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""

Date :		
Amount Paid		
06/15/2020	ACCT 2675	Authorized Signature

Patient Name: EVELYN ATWATER

Acct Number: 2675

Responsible Party Name	Practice Address
EVELYN ATWATER, 1840 Campbellton Road Apt HH6, Atlanta GA 30311.	, , , " ,

☐ Please check the box if your address is incorrect or insurance info has changed

-----Please detach and send above with payment-----

Dear Patient,

Statement									
Date Of Service	Provider	Location	Procedure	Charge	Primary Insurance Payment	Secondary Insurance Payment	Patient Payment	Open Balance	Remark
03/03/2020	James Lawrence	Nursecare Of Buckhead	99307	\$129.75	\$29.79	\$0.00	\$0.00	\$7.60	
03/07/2020	James Lawrence	Nursecare Of Buckhead	99309	\$269.76	\$61.76	\$0.00	\$0.00	\$15.75	
03/08/2020	James Lawrence	Nursecare Of Buckhead	99309	\$269.76	\$61.76	\$0.00	\$0.00	\$15.75	
							Grand Total	\$39.10	

*NOTE: Some or all of this payment may be applied to a closed visit that does not appear on this statement

**Total Balance Due
\$39.10**

EXPLANATION OF BALANCES:

ADDITIONAL REMARK :

Balance is due upon receipt. Please call for billing inquiries and payment options.