Pay To: Byung S Lim, MD PC, Po Box 606, Massena,NY,13662-0606, (315) 842-3211 □ Card □ Cash □ Check □ Date : Check No

IF PAYING BY CREDIT CARD, FILL OUT BELOW

Card Number

CSV Code □ Exp. Date : MM / YY □ Amount Paid

07/13/2019 □ ACCT 923 □ Authorized Signature

Patient Name: JADE LAGOY

Responsible Party Name	Practice Address
ANNETTE LAGOY, 24 MARIE STREET, MASSENA NY 13662.	Byung S Lim, MD PC, 14 Hospital Drive, Massena, NY,13662-1019, (315) 842-3211.

 $\ \square$ Please check the box if your address is incorrect or insurance info has changed

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

Dear Patient,

The balance mentioned in the statement is the remaining amount after your insurance(s) have processed and it's your responsibility.

Statement										
Date Of Service	Provider	Location	Procedure	Charge	Primary Insurance Payment	Secondary Insurance Payment	Patient Payment	Open Balance	Remark	
07/17/2015	Byung Lim	Byung S Lim, Md Pc	99203	\$207.00	\$101.23	\$0.00	\$15.00	\$0.00		
							Grand Total	\$0.00		

LAST PATIENT PAYMENT \$15.00 07/17/2015

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

Total Balance Due \$0.00

EXPLANATION OF BALANCES:

ADDITIONAL REMARK :

Balance is due upon receipt. Please call (315) 842-3211 for billing inquiries and payment options.