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 2184 Authorized Signature

Patient Name: THOMAS ST PIER

Acct Number: 2184							
Responsible Party Name	Practice Address						
THOMAS ST PIER, 14 CECIL AVE, MASSENA NY 13662-2139.	Byung S Lim, MD PC, 14 Hospital Drive, Massena, NY,13662-1019, (315) 842-3211.						

 $\hfill\Box$ 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	
04/11/2019	Byung Lim	Massena Memorial Hospital Op	64721	\$823.00	\$691.64	\$0.00	\$0.00	\$122.05		
							Grand Total	\$122.05		

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

Total Balance Due \$122.05

EXPLANATION OF BALANCES: Copay

ADDITIONAL REMARK:

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