

**Pay To : Practitioner Support Services,  
Po Box 4058,  
Monroe,CT,06468-4058,  
(203) 901-2890**

<input type="checkbox"/> Check	Date :	Check No
Amount Paid		
09/23/2019	ACCT 128333	Authorized Signature

Patient Name: MARY BALL  
Acct Number: 128333

Responsible Party Name	Practice Address
<b>MARY BALL, 655 MAIN ST S, SOUTHURY CT 06488-4220.</b>	<b>Practitioner Support Services, Po Box 4058, Monroe,, CT,06468-4058, (203) 901-2890.</b>

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

-----Please detach and send above with payment-----  
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Dear Patient,

This provider is employed by practitioner support services (PSS). They are a group of providers who service patient's in Nursing Homes and Assisted living facilities and are asked to see patients When they have an acute problem to try to prevent hospitalization and promote wellness.

Statement									
Date Of Service	Provider	Location	Procedure	Charge	Primary Insurance Payment	Secondary Insurance Payment	Patient Payment	Open Balance	Remark
07/23/2019	Sheri Kipperman	The Hearth At Southbury	99334	\$95.00	\$0.00	\$0.00	\$0.00	\$95.00	
							<b>Grand Total</b>	<b>\$95.00</b>	

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

**Total Balance Due  
\$95.00**

**EXPLANATION OF BALANCES:** Need Insurance Info

**ADDITIONAL REMARK :**

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09/23/2019	ACCT 120168	Authorized Signature

Patient Name: ELEANOR FREITAS  
Acct Number: 120168

Responsible Party Name	Practice Address
FRANCELINA MAZZATTO, 62 EDDY LANE, NEWINGTON CT 06111.	Practitioner Support Services, Po Box 4058, Monroe,, CT,06468-4058, (203) 901-2890.

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Statement									
Date Of Service	Provider	Location	Procedure	Charge	Primary Insurance Payment	Secondary Insurance Payment	Patient Payment	Open Balance	Remark
07/23/2019	Christine Salamida	Jerome Home	99337	\$300.00	\$0.00	\$0.00	\$0.00	\$300.00	
							<b>Grand Total</b>	<b>\$300.00</b>	

**LAST PATIENT PAYMENT \$832.68 04/17/2019**

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

**Total Balance Due  
\$300.00**

**EXPLANATION OF BALANCES:** Self-Pay

**ADDITIONAL REMARK :**

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<input type="checkbox"/> Check	Date :	Check No
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09/23/2019	ACCT 127688	Authorized Signature

Patient Name: HELENA GANCARZ  
Acct Number: 127688

Responsible Party Name	Practice Address
HELENA GANCARZ, 69 LAIRD DR, BRISTOL CT 06010-2475.	Practitioner Support Services, Po Box 4058, Monroe,, CT,06468-4058, (203) 901-2890.

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Statement									
Date Of Service	Provider	Location	Procedure	Charge	Primary Insurance Payment	Secondary Insurance Payment	Patient Payment	Open Balance	Remark
07/20/2019	Melanie Dulce	Ingraham Manor	99309	\$145.00	\$0.00	\$0.00	\$0.00	\$145.00	
							<b>Grand Total</b>	<b>\$145.00</b>	

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**Total Balance Due  
\$145.00**

**EXPLANATION OF BALANCES:** Need Ins Info

**ADDITIONAL REMARK :**

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<input type="checkbox"/> Check	Date :	Check No
Amount Paid		
09/23/2019	ACCT 16523	Authorized Signature

Patient Name: LUCILLE LEE  
Acct Number: 16523

Responsible Party Name	Practice Address
LUCILLE LEE, 135 DERBY AVENUE APT 327, NEW HAVEN CT 06515.	Practitioner Support Services, Po Box 4058, Monroe,, CT,06468-4058, (203) 901-2890.

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Date Of Service	Provider	Location	Procedure	Charge	Primary Insurance Payment	Secondary Insurance Payment	Patient Payment	Open Balance	Remark
08/02/2019	Camylle Appiahene	Apple Rehab Farmington Valley	99309	\$145.00	\$0.00	\$0.00	\$0.00	\$145.00	
08/02/2019	Camylle Appiahene	Apple Rehab Farmington Valley	99310	\$215.00	\$0.00	\$0.00	\$0.00	\$215.00	
							<b>Grand Total</b>	<b>\$360.00</b>	

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

**Total Balance Due  
\$360.00**

**EXPLANATION OF BALANCES:**

**ADDITIONAL REMARK :**

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<input type="checkbox"/> Check	Date :	Check No
Amount Paid		
09/23/2019	ACCT 130885	Authorized Signature

Patient Name: YASSAH SHORROW  
Acct Number: 130885

Responsible Party Name	Practice Address
YASSAH SHORROW, 7 QUEEN STREET, PROVIDENCE RI 02909-4415.	Practitioner Support Services, Po Box 4058, Monroe,, CT,06468-4058, (203) 901-2890.

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Statement									
Date Of Service	Provider	Location	Procedure	Charge	Primary Insurance Payment	Secondary Insurance Payment	Patient Payment	Open Balance	Remark
07/23/2019	Anne Rameika	Elmhurst Rehabilitation & Healthcare Center	99309	\$145.00	\$0.00	\$0.00	\$0.00	\$145.00	
							<b>Grand Total</b>	<b>\$145.00</b>	

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**Total Balance Due  
\$145.00**

**EXPLANATION OF BALANCES:**

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<input type="checkbox"/> Check	Date :	Check No
Amount Paid		
09/23/2019	ACCT 125892	Authorized Signature

Patient Name: OMYA TATO NAJAR  
Acct Number: 125892

Responsible Party Name	Practice Address
OMYA TATO NAJAR, 600 BOND ST, BRIDGEPORT CT 06610-2205.	Practitioner Support Services, Po Box 4058, Monroe,, CT,06468-4058, (203) 901-2890.

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Date Of Service	Provider	Location	Procedure	Charge	Primary Insurance Payment	Secondary Insurance Payment	Patient Payment	Open Balance	Remark
07/23/2019	Odette Johnson	Bridgeport Health Care Center, Inc.	99308	\$110.00	\$0.00	\$0.00	\$0.00	\$110.00	
07/25/2019	Odette Johnson	Bridgeport Health Care Center, Inc.	99308	\$110.00	\$0.00	\$0.00	\$0.00	\$110.00	
							<b>Grand Total</b>	<b>\$220.00</b>	

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**Total Balance Due  
\$220.00**

**EXPLANATION OF BALANCES:** Self Pay

**ADDITIONAL REMARK :**

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<input type="checkbox"/> Check	Date :	Check No
Amount Paid		
09/23/2019	ACCT 87851	Authorized Signature

Patient Name: EUSTACE WILLIS  
Acct Number: 87851

Responsible Party Name	Practice Address
60 West Street Operations LLC, 60 West St, Rocky Hill, CT 06067.	Practitioner Support Services, Po Box 4058, Monroe,, CT,06468-4058, (203) 901-2890.

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Date Of Service	Provider	Location	Procedure	Charge	Primary Insurance Payment	Secondary Insurance Payment	Patient Payment	Open Balance	Remark
07/22/2019	Lisa Stemm	60 West Street Operation Llc	99309	\$145.00	\$0.00	\$0.00	\$0.00	\$145.00	
							<b>Grand Total</b>	<b>\$145.00</b>	

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**Total Balance Due  
\$145.00**

**EXPLANATION OF BALANCES:** Facility Responsibility

**ADDITIONAL REMARK :**

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