

**Pay To : Byung S Lim, MD PC,**  
**Po Box 606,**  
**Massena,NY,13662-0606,**  
**(315) 842-3211**

<input type="checkbox"/> Card	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	Date :	Check No
IF PAYING BY CREDIT CARD, FILL OUT BELOW				
Card Number				
CSV Code	Exp. Date : MM / YY		Amount Paid	
07/14/2019	ACCT 2191		Authorized Signature	

Patient Name: DAWN GIBSON  
Acct Number: 2191

Responsible Party Name	Practice Address
DAWN GIBSON, 105 DALEY RD, MASSENA NY 13662.	Byung S Lim, MD PC, 14 Hospital Drive, Massena, NY,13662-1019, (315) 842-3211.

☐ 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,

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
04/10/2019	Byung Lim	Byung S Lim, Md Pc	99202	\$745.00	\$63.66	\$0.00	\$0.00	\$25.00	
							Grand Total	\$25.00	

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

**Total Balance Due**  
**\$25.00**

**EXPLANATION OF BALANCES:**

**ADDITIONAL REMARK :**

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