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

Patient Name: KERI COOKE Acct Number: 948

□ Card	□ Cash	□ Check	Date :	Check No							
IF PAYING BY CREDIT CARD, FILL OUT BELOW											
Card Number	er										
CSV Code	Exp. Date :	MM / YY	Amount Pa	iid							
07/13/2019	ACCT 948	Authorized									

Responsible Party Name	Practice Address
KERI COOKE,	Byung S Lim, MD PC,
4 NORTHMOOR PARK,	14 Hospital Drive,
MASSENA NY 13662.	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		
08/05/2015	Byung Lim	Byung S Lim, Md Pc	99213	\$140.00	\$67.96	\$0.00	\$25.00	\$0.00			
							Grand Total	\$0.00			

LAST PATIENT PAYMENT \$25.00 09/07/2015

*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.