

**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
<b>IF PAYING BY CREDIT CARD, FILL OUT BELOW</b>				
Card Number				
CSV Code	Exp. Date : MM / YY		Amount Paid	
07/13/2019	ACCT 1017	Authorized Signature		

Patient Name: GERALDINE PIKE  
 Acct Number: 1017

Responsible Party Name	Practice Address
<p><b>GERALDINE PIKE,</b>  <b>476 ST HWY 131,</b>  <b>MASSENA NY 13662.</b></p>	<p><b>Byung S Lim, MD PC,</b>  <b>14 Hospital Drive,</b>  <b>Massena, NY,13662-1019,</b>  <b>(315) 842-3211.</b></p>

☐ 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
09/04/2015	Byung Lim	Byung S Lim, Md Pc	17000	\$143.00	\$17.47	\$0.00	\$40.00	\$0.00	
09/04/2015	Byung Lim	Byung S Lim, Md Pc	17003	\$19.00	\$4.82	\$0.00	\$0.00	\$0.00	
							<b>Grand Total</b>	<b>\$0.00</b>	

<b>LAST PATIENT PAYMENT</b> \$40.00 09/04/2015	<b>Total Balance Due \$0.00</b>
*NOTE: Some or all of this payment may be applied to a closed visit that does not appear on this statement	
<b>EXPLANATION OF BALANCES:</b>	
<b>ADDITIONAL REMARK :</b>	
Balance is due upon receipt. Please call (315) 842-3211 for billing inquiries and payment options.	