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	YING BY CREDIT CARD, FILL OUT BELOW									
Card Numbe	ard Number									
CSV Code	Exp. Date :	MM / YY	Amount Paid							
07/14/2019	ACCT 2208	Authorized S	ignature							

Patient Name: RAYELLA PICKERING

Acct Number: 2208

Responsible Party Name	Practice Address			
RAYELLA PICKERING,	Byung S Lim, MD PC,			
59 BOWEN ROAD,	14 Hospital Drive,			
NORTH BANGOR NY 12966.	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	
04/12/2019	Byung Lim	Byung S Lim, Md Pc	99202	\$143.00	\$59.00	\$0.00	\$0.00	\$20.00		
							Grand Total	\$20.00		

LAST PATIENT PAYMENT \$20.00 05/06/2019

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

Total Balance Due \$20.00

EXPLANATION OF BALANCES:

ADDITIONAL REMARK :

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