

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 714	Authorized Signature		

Patient Name: GARY MORGAN
 Acct Number: 714

Responsible Party Name	Practice Address
GARY MORGAN, 12 MCGINNIS PO BOX 644, WADDINGTON NY 13694.	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
01/06/2017	Byung Lim	Byung S Lim, Md Pc	20605	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	
01/06/2017	Byung Lim	Byung S Lim, Md Pc	J1030	\$9.00	\$0.00	\$0.00	\$0.00	\$0.00	
05/04/2018	Byung Lim	Byung S Lim, Md Pc	99213	\$190.00	\$0.00	\$0.00	\$0.00	\$0.00	
							Grand Total	\$0.00	

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