

Pay To : ,

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Date :		
Amount Paid		
06/15/2020	ACCT 2510	Authorized Signature

Patient Name: DONNA ANDERSON

Acct Number: 2510

Responsible Party Name	Practice Address
DONNA ANDERSON, 123 TOWER RD APT 11, Ellijay GA 30540-2277.	, , , " ,

☐ Please check the box if your address is incorrect or insurance info has changed

-----Please detach and send above with payment-----

Dear Patient,

Statement									
Date Of Service	Provider	Location	Procedure	Charge	Primary Insurance Payment	Secondary Insurance Payment	Patient Payment	Open Balance	Remark
03/06/2020	Jeanne Anderson	Parkside Ellijay	99308	\$202.74	\$45.74	\$0.00	\$0.00	\$11.48	
							Grand Total	\$11.48	

*NOTE: Some or all of this payment may be applied to a closed visit that does not appear on this statement	Total Balance Due \$11.48
EXPLANATION OF BALANCES:	
ADDITIONAL REMARK :	
Balance is due upon receipt. Please call for billing inquiries and payment options.	