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	CREDIT CARD, I	FILL OUT BELOV	V						
Card Number									
CSV Code	Exp. Date :	MM / YY	Amount Paid						
07/14/2019	ACCT 2207	Authorized Signature							

Patient Name: DENISE FURNACE

Acct Number: 2207

Responsible Party Name	Practice Address		
DENISE FURNACE,	Byung S Lim, MD PC,		
49 MARIE ST,	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	
04/15/2019	Byung Lim	Byung S Lim, Md Pc	99202	\$143.00	\$49.00	\$0.00	\$0.00	\$30.00		
							Grand Total	\$30.00		

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

Total Balance Due \$30.00

**EXPLANATION OF BALANCES:** 

ADDITIONAL REMARK :

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