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	ILL OUT BELOV	ı						
Card Number									
CSV Code	Exp. Date :	MM / YY	Amount Paid						
07/14/2019	ACCT 948 Authorized Signature								

Patient Name: KERI COOKE Acct Number: 948

Responsible Party Name	Practice Address				
KERI COOKE, 4 NORTHMOOR PARK, MASSENA NY 13662.	Byung S Lim, MD PC, 14 Hospital Drive, 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
08/05/2015	Byung Lim	Byung S Lim, Md Pc	99213	\$140.00	\$67.96	\$0.00	\$25.00	\$0.00	
							Grand Total	\$0.00	

LAST PATIENT PAYMENT \$25.00 09/07/2015

*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:

ADDITIONAL REMARK:

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