

**Pay To : Practitioner Support Services,  
Po Box 4058,  
Monroe,CT,06468-4058,  
(203) 901-2890**

<input type="checkbox"/> Check	Date :	Check No
Amount Paid		
07/25/2019	ACCT 1045	Authorized Signature

Patient Name: CONSTANCE ABED  
Acct Number: 1045

Responsible Party Name	Practice Address
<b>CONSTANCE ABED, 32 QUARRY STREET APT B, BRIDGEPORT CT 06606-4333.</b>	<b>Practitioner Support Services, Po Box 4058, Monroe,, CT,06468-4058, (203) 901-2890.</b>

☐ 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,

This provider is employed by practitioner support services (PSS). They are a group of providers who service patient's in Nursing Homes and Assisted living facilities and are asked to see patients When they have an acute problem to try to prevent hospitalization and promote wellness.

Statement									
Date Of Service	Provider	Location	Procedure	Charge	Primary Insurance Payment	Secondary Insurance Payment	Patient Payment	Open Balance	Remark
12/15/2017	Kripa Damodharan	St Joseph Center	99309	\$145.00	\$65.74	\$0.00	\$0.00	\$0.00	
12/19/2017	Ann Yoney	St Joseph Center	99310	\$215.00	\$95.83	\$0.00	\$0.00	\$0.00	
							<b>Grand Total</b>	<b>\$0.00</b>	

**LAST PATIENT PAYMENT \$50.36 06/02/2016**

\*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: Co-Ins**

**ADDITIONAL REMARK :**

**Balance is due upon receipt. Please call (203) 901-2890 for billing inquiries and payment options.**