

Pay To : ,

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""

Date :		
Amount Paid		
06/15/2020	ACCT 2411	Authorized Signature

Patient Name: William Andrews

Acct Number: 2411

Responsible Party Name	Practice Address
William Andrews, 1072 McMillan Street NW Atlanta, Atlanta GA 30318.	, , , " ,

☐ 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
02/20/2020	James Lawrence	Nursecare Of Buckhead	99307	\$129.75	\$12.74	\$0.00	\$0.00	\$25.00	
							Grand Total	\$25.00	

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

**Total Balance Due
\$25.00**

EXPLANATION OF BALANCES:

ADDITIONAL REMARK :

Balance is due upon receipt. Please call for billing inquiries and payment options.