

Pay To : ,

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Date :		
Amount Paid		
06/15/2020	ACCT 3128	Authorized Signature

Patient Name: joseph dempsey
Acct Number: 3128

Responsible Party Name	Practice Address
joseph dempsey, 132 40th Ct, Vero Beach FL 32968.	, , , " .

☐ 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
04/29/2020	Lerich Louis	Palm Garden Of Vero Beach	99308	\$202.74	\$14.15	\$0.00	\$0.00	\$58.40	
							Grand Total	\$58.40	

*NOTE: Some or all of this payment may be applied to a closed visit that does not appear on this statement	Total Balance Due \$58.40
EXPLANATION OF BALANCES:	
ADDITIONAL REMARK :	
Balance is due upon receipt. Please call for billing inquiries and payment options.	