

Patient: Rice Senpai

For billing inquiries, call: 845-592-4915

Rice Senpai 76 Rice Rd Restaurant, NY 10512-1032

Account No.	Statement Date	Payment Due				
410001	12/02/2017	\$40.00				
	Mail Pay					
Enter Yo	Enter Your Payment Amount \$					
By Check	Check No.					
	Payable to: Northe	ern Medical Group				
By Card	□ VISA □ <b>®</b> mas	stercard DISCOVER DAMEX				
Card No.						
Exp. Date		Security Code				
Signature						

Please complete payment information above and send to the address below:

Northern Medical Group PLLC 159 Barnegat Road | Lower Level Poughkeepsie, NY 12601-5402

[ ] Check if your billing information has changed, and please provide update(s) above.

Please detach and return top portion with payment.

# Messages

- Northern Medical Group is excited to announce the opening of our new multi-specialty office located at 159 Barnegat Road Poughkeepsie NY! Call our office today to schedule an appointment.
- Feel free to contact us regarding any billing questions at billing@northernmed.com or (845) 592-4915 to speak to one of our customer representatives.

Statement De	etail		Statement Date 12/02/20	017 Accou	nt No. 410001
Claim No.	Visit Date	Description of Service	Charges	Payments	Balance
984345	09/23/2017	Claim:984345 Provider: Anita Gupta MD			
984345		Facility: NMS Carmel			
984345		PURE TONE AUDIOMETRY AIR	\$102.00		
984345		VISUAL ACUITY SCREEN	\$12.00		
984345		VENIPUNCTURE	\$15.00		
984345		Flu Vaccine	\$90.00		
984345		IMMUNIZATION ADMIN	\$82.00		
984345		Preventive Care Est Pt. Age 18-39	\$379.00		
984345		Oxford Payment		\$285.33	
984345		Oxford Adjustment		\$354.67	
984345		Your balance has been applied to your copay.			
984345		Your Balance Due On These Services			\$40.00

A	Current	31 - 60	61 - 90	91 - 120	120+
Aging	\$0.00	\$40.00	\$0.00	\$0.00	\$0.00

Payment Due \$40.00

Northern Medical Group PLLC

159 Barnegat Road



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Aging	\$0.00	\$40.00	\$0.00	\$0.00	\$0.00

Payment Due \$40.00

Northern Medical Group PLLC

159 Barnegat Road



Patient: Noodle Senpai

For billing inquiries, call: 845-592-4915

Noodle Senpai 74 Noodle Rd Restaurant, NY 12590

Account No.	Statement Date	Payment Due	
101123	12/02/2017 \$35.38		
	Mail	Pay	
Enter Yo	ur Payment Amount	\$	
By Check	Check No.		
	Payable to: Northe	ern Medical Group	
By Card	□ VISA □ ● mas	tercard DISCOVER DAMEX	
Card No.			
Exp. Date		Security Code	
Signature		·	

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Statement De	etail		Statement Date 12/02/2	017 Accou	nt No. 101123
Claim No.	Visit Date	Description of Service	Charges	Payments	Balance
754798	02/01/2017	Claim:754798 Provider: Laura M Varlaro PA			
754798		Facility: Community Primary Care			
754798		VENIPUNCTURE	\$15.00		
754798		Urinalysis	\$11.00		
754798		Office Visit Est Pt. Level 3	\$231.00		
754798		Medicare MC Payment		\$58.37	
754798		Medicare MC Adjustment		\$185.37	
754798		Empire UHC Payment		\$0.00	
754798		Patient Payment		\$5.26	
754798		Your Balance Due On These Services			\$8.00
778789	02/23/2017	Claim:778789 Provider: Laura M Varlaro PA			
778789		Facility: Community Primary Care			
778789		ELECTROCARDIOGRAM COMPLETE	\$55.00		
778789		VENIPUNCTURE	\$15.00		
778789		Office Visit Est Pt. Level 3	\$231.00		
778789		Urinalysis	\$11.00		
778789		Medicare MC Payment		\$67.16	
778789		Medicare MC Adjustment		\$217.46	
778789		United Health Care Choice Plus Payment		\$0.00	
778789		Your Balance Due On These Services			\$27.38

A!	Current	31 - 60	61 - 90	91 - 120	120+
Aging	\$0.00	\$0.00	\$0.00	\$0.00	\$35.38

Payment Due \$35.38

Northern Medical Group PLLC

159 Barnegat Road



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Noodle Senpai 74 Noodle Rd Restaurant, NY 12590

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By Check	Check No.		
	Payable to: Northe	ern Medical Group	
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Card No.			
Exp. Date		Security Code	
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Aging	\$0.00	\$0.00	\$0.00	\$0.00	\$35.38

Payment Due \$35.38

Northern Medical Group PLLC

159 Barnegat Road



Patient: Curry Senpai

For billing inquiries, call: 845-592-4915

Curry M Senpai 72 Curry Rd Restaurant, NY 12590

Account No.	Statement Date	Payment Due			
430256	12/02/2017	\$411.14			
Mail Pay					
Enter Your Payment Amount \$					
By Check	Check No.				
Payable to: Northern Medical Group					
By Card VISA Omastercard DISCOVER AMEX					
Card No.					
Exp. Date	Exp. Date Security Code				
Signature					

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Statement De	etail	Statement	t Date 12/02/2	017 Accou	nt No. 430256
Claim No.	Visit Date	Description of Service	Charges	Payments	Balance
903456	06/26/2017	Claim:903456 Provider: Christos Kyrou DPM			
903456		Facility: CCD Podiatry Hopewell			
903456		DESTRUCT LESION 1-14	\$358.00		
903456		Office Visit New Pt. Level 3	\$348.00		
903456		Emblem Health Payment		\$149.15	
903456		Emblem Health Adjustment		\$351.28	
903456		Your balance has been applied to your deductible. Your balance has been applied to your copay.			
903456		Your Balance Due On These Services			\$205.57
920987	07/17/2017	Claim:920987 Provider: Christos Kyrou DPM			
920987		Facility: CCD Podiatry Hopewell			
920987		Office Visit Est Pt. Level 3	\$231.00		
920987		DESTRUCT LESION 1-14	\$358.00		
920987		Emblem Health Payment		\$92.03	
920987		Emblem Health Adjustment		\$291.40	
920987		Your balance has been applied to your copay. Your balance			
920987		has been applied to your deductible. Your Balance Due On These Services			\$205.57
ı					
1					

A	Current	31 - 60	61 - 90	91 - 120	120+
Aging	\$0.00	\$0.00	\$0.00	\$205.57	\$205.57

Patient: Curry Senpai

Payment Due \$411.14

Northern Medical Group PLLC 159 Barnegat Road Poughkeepsie, NY 12561

For billing inquiries, call: 845-592-4915



Patient: Curry Senpai

For billing inquiries, call: 845-592-4915

Curry M Senpai 72 Curry Rd Restaurant, NY 12590

Account No.	Statement Date	Payment Due			
430256	12/02/2017	\$411.14			
Mail Pay					
Enter Your Payment Amount \$					
By Check	Check No.				
Payable to: Northern Medical Group					
By Card VISA Omastercard DISCOVER AMEX					
Card No.					
Exp. Date	Exp. Date Security Code				
Signature					

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903456		DESTRUCT LESION 1-14	\$358.00		
903456		Office Visit New Pt. Level 3	\$348.00		
903456		Emblem Health Payment		\$149.15	
903456		Emblem Health Adjustment		\$351.28	
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Aging	\$0.00	\$0.00	\$0.00	\$205.57	\$205.57

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