

Patient: Rice Senpai

For billing inquiries, call: 845-592-4915

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Rice Senpai 76 Rice Rd Restaurant, NY 10512-1032

| Account No.  | Statement Date        | Payment Due             |  |  |  |  |
|--|-----------------------|-------------------------|--|--|--|--|
| 410001   | 12/02/2017            | 12/02/2017 \$40.00      |  |  |  |  |
| 410001 12/02/2017 \$40.00  Mail Pay  Enter Your Payment Amount \$  By Check Check No.  Payable to: Northern Medical Group  By Card VISA mastercard DISCOVER AMEX  Card No. |                       |                         |  |  |  |  |
| Enter Yo   | ur 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 Detail |            |  | Statement Date 12/02/2 | 2017 Accou | ınt 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        |
|                  |            |  |                        |            |                |
|                  |            |  |                        |            |                |
|                  |            |  |                        |            |                |
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| A     | Current | 31 - 60 | 61 - 90 | 91 - 120 | 120+   |
|-------|---------|---------|---------|----------|--------|
| Aging | \$0.00  | \$40.00 | \$0.00  | \$0.00   | \$0.00 |

Northern Medical Group PLLC

159 Barnegat Road

Poughkeepsie, NY 12561





Patient: Noodle Senpai

For billing inquiries, call: 845-592-4915

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Noodle Senpai 74 Noodle Rd Restaurant, NY 12590

| Account No.             | Statement Date        | Payment Due            |  |  |  |  |  |
|-------------------------|-----------------------|------------------------|--|--|--|--|--|
| 101123                  | 12/02/2017            | 12/02/2017 \$35.38     |  |  |  |  |  |
| Mail Pay                |                       |                        |  |  |  |  |  |
| Enter Yo                | ur Payment Amount     | \$                     |  |  |  |  |  |
| By Check                | By Check No.          |                        |  |  |  |  |  |
|                         | Payable to: Northe    | ern Medical Group      |  |  |  |  |  |
| By Card                 | □ VISA □ <b>®</b> mas | tercard 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

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Please detach and return top portion with payment.

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- 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 D | etail      |   | Statement Date 12/02/2 | 2017 Accou | unt 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        |
|             |            |   |                        |            |                |
|             |            |   |                        |            |                |
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|             |            |   |                        |            |                |

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

Northern Medical Group PLLC

159 Barnegat Road

Poughkeepsie, NY 12561

Payment Due \$35.38

Page 1 of 1



Patient: Curry Senpai

For billing inquiries, call: 845-592-4915

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Curry M Senpai 72 Curry Rd Restaurant, NY 12590

| Account No.             | Statement Date        | Payment Due            |  |  |  |  |
|-------------------------|-----------------------|------------------------|--|--|--|--|
| 430256                  | 12/02/2017            | \$411.14               |  |  |  |  |
| Mail Pay                |                       |                        |  |  |  |  |
| Enter Yo                | ur Payment Amount     | \$                     |  |  |  |  |
| By Check                | By Check No.          |                        |  |  |  |  |
|                         | Payable to: Northe    | ern Medical Group      |  |  |  |  |
| By Card                 | □ VISA □ <b>®</b> mas | tercard 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

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Please detach and return top portion with payment.

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- 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 Detail Statemen |            |  |          | 017 Αςςοι | ınt No. 430250 |
|---------------------------|------------|--|----------|-----------|----------------|
| 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 has been applied to your deductible. |          |           |                |
| 920987                    |            | Your Balance Due On These Services   |          |           | \$205.57       |
|                           |            |  |          |           |                |
|                           |            |  |          |           |                |
|                           |            |  |          |           |                |
|                           |            |  |          |           |                |
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|                           |            |  |          |           |                |
|                           |            |  |          |           |                |

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

Payment Due \$411.14

Northern Medical Group PLLC 159 Barnegat Road

Poughkeepsie, NY 12561



Patient: Beef Senpai

For billing inquiries, call: 845-592-4915

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Rice Senpai 76 Beef Rd Restaurant, NY 10512-1032

| Account No. | Statement Date        | Payment Due             |
|-------------|-----------------------|-------------------------|
| 410011      | 12/02/2017            | \$40.00                 |
|             | Mail                  | Pay                     |
| Enter Yo    | ur 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

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| Statement De | etail      | Stat   | ement Date 12/02/20 | 017 Accou | int No. 410011 |
|--------------|------------|--|---------------------|-----------|----------------|
| 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 |

Northern Medical Group PLLC

159 Barnegat Road

Poughkeepsie, NY 12561

Payment Due \$40.00

Page 1 of 1



Patient: Pork Senpai

For billing inquiries, call: 845-592-4915

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Noodle Senpai 74 Pork Rd Restaurant, NY 12590

| Account No.                        | Statement Date        | Payment Due             |  |  |  |
|------------------------------------|-----------------------|-------------------------|--|--|--|
| 101133                             | 12/02/2017            | \$35.38                 |  |  |  |
|                                    | Mail                  | Pay                     |  |  |  |
| Enter Yo                           | our Payment Amount    | \$                      |  |  |  |
| By Check No.                       |                       |                         |  |  |  |
| Payable to: Northern Medical Group |                       |                         |  |  |  |
| By Card                            | □ VISA □ <b>®</b> mas | stercard DISCOVER DAMEX |  |  |  |
| Card No.                           |                       |                         |  |  |  |
| Exp. Date                          |                       | Security Code           |  |  |  |
| Signature                          |                       |                         |  |  |  |

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

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| Statement De | etail      | Staten                                    | nent Date 12/02/2 | 017 Accou | nt No. 101133 |
|--------------|------------|---|-------------------|-----------|---------------|
| 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       |
|              |            |   |                   |           |               |
|              |            |   |                   |           |               |
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| A!    | Current | 31 - 60 | 61 - 90 | 91 - 120 | 120+    |
|-------|---------|---------|---------|----------|---------|
| Aging | \$0.00  | \$0.00  | \$0.00  | \$0.00   | \$35.38 |

Patient: Pork Senpai

Payment Due \$35.38

Northern Medical Group PLLC

159 Barnegat Road

Poughkeepsie, NY 12561



Patient: Chicken Senpai

For billing inquiries, call: 845-592-4915

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# «Միհրվիկով Մայեցի Մից Մինի հեմ գույլ երկին այր գե

Curry M Senpai 72 Chicken Rd Restaurant, NY 12590

| Account No.                        | Statement Date        | Payment Due            |  |  |  |
|------------------------------------|-----------------------|------------------------|--|--|--|
| 430266                             | 12/02/2017            | \$411.14               |  |  |  |
|                                    | Mail                  | Pay                    |  |  |  |
| Enter Yo                           | ur Payment Amount     | \$                     |  |  |  |
| By Check No.                       |                       |                        |  |  |  |
| Payable to: Northern Medical Group |                       |                        |  |  |  |
| By Card                            | □ VISA □ <b>®</b> mas | tercard DISCOVER DAMEX |  |  |  |
| Card No.                           |                       |                        |  |  |  |
| Exp. Date                          |                       | Security Code          |  |  |  |
| Signature                          |                       |                        |  |  |  |

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

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| Statement D | etail      | Stateme  | nt Date 12/02/2 | 017 Αςςοι | ınt No. 430266 |
|-------------|------------|--|-----------------|-----------|----------------|
| 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 has been applied to your deductible. |                 |           |                |
| 920987      |            | Your Balance Due On These Services   |                 |           | \$205.57       |
|             |            |  |                 |           |                |
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|             |            |  |                 |           |                |

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

Patient: Chicken Senpai

Northern Medical Group PLLC 159 Barnegat Road Pough

Poughkeepsie, NY 12561

Payment Due \$411.14