

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	\$40.00			
	Mail	Pay			
Enter Yo	our Payment Amount	\$			
By Check	Check No.				
	Payable to: Northe	ern Medical Group			
By Card	□ VISA □ ® mas	stercard DISCOVER AMEX			
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.

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 D	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

Northern Medical Group PLLC

159 Barnegat Road





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 \$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 AMEX				
Card No.						
Exp. Date		Security Code				
Signature						

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Statement De	etail	Stater	ment 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



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	our 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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Description of Service n:903456 Provider: Christos Kyrou DPM ity: CCD Podiatry Hopewell TRUCT LESION 1-14	Charges	Payments	Balance
n:903456 Provider: Christos Kyrou DPM ity: CCD Podiatry Hopewell			
• •			
TRUCT LESION 1-14			
	\$358.00		
e Visit New Pt. Level 3	\$348.00		
em Health Payment		\$149.15	
em Health Adjustment		\$351.28	
balance has been applied to your deductible. Your nee has been applied to your copay.			
Balance Due On These Services			\$205.57
n:920987 Provider: Christos Kyrou DPM			
ity: CCD Podiatry Hopewell			
e Visit Est Pt. Level 3	\$231.00		
TRUCT LESION 1-14	\$358.00		
em Health Payment		\$92.03	
em Health Adjustment		\$291.40	
balance has been applied to your copay. Your balance			
peen applied to your deductible.			
Balance Due On These Services			\$205.57
e le	RUCT LESION 1-14 Visit New Pt. Level 3 Em Health Payment Em Health Adjustment Coalcase has been applied to your deductible. Your Coalcase has been applied to your copay. Balance Due On These Services 1920987 Provider: Christos Kyrou DPM Coalcase has been applied to your copay. Services 1920987 Provider: Christos Kyrou DPM Coalcase has been applied to your copay. Provider: Coalcase has been applied to your copay. Your balance Coalcase has been applied to your copay. Your balance Coalcase has been applied to your copay. Your balance Coalcase has been applied to your copay. Your balance Coalcase has been applied to your copay. Your balance Coalcase has been applied to your deductible.	RUCT LESION 1-14 Visit New Pt. Level 3 Em Health Payment Em Health Adjustment Coal base been applied to your deductible. Your Coal base been applied to your copay. Balance Due On These Services Espandary Provider: Christos Kyrou DPM Coal base between applied to your deductible. Visit Est Pt. Level 3 FRUCT LESION 1-14 Em Health Payment Em Health Adjustment Coal base of the payment applied to your copay. Your balance Em Health Adjustment Coal base of the payment applied to your copay. Your balance Em Applied to your deductible.	RUCT LESION 1-14 Visit New Pt. Level 3 Em Health Payment Em Health Adjustment Sabalance has been applied to your deductible. Your Ce has been applied to your copay. Balance Due On These Services Eg20987 Provider: Christos Kyrou DPM Ey: CCD Podiatry Hopewell Visit Est Pt. Level 3 FRUCT LESION 1-14 Em Health Payment Em Health Adjustment Sabalance has been applied to your copay. Your balance Sabalance has been applied to your deductible.

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

Northern Medical Group PLLC

159 Barnegat Road





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	our Payment Amount	\$				
By Check Check No.						
Payable to: Northern Medical Group						
By Card	□ VISA □ ® mas	tercard DISCOVER DAMEX				
Card No.						
Exp. Date Security Code						
Signature						

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Statement D	etail		Statement Date 12/02/	2017 Accou	unt 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



Patient: Pork Senpai

For billing inquiries, call: 845-592-4915

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 □ ® mas	tercard DISCOVER DAMEX				
Card No.						
Exp. Date Security Code						
Signature						

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Statement D	etail		Statement Date 12/02/20	017 Accou	int 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

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

\$35.38

Payment Due

Northern Medical Group PLLC

159 Barnegat Road



Patient: Chicken Senpai

For billing inquiries, call: 845-592-4915

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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 □ ● mas	tercard DISCOVER DAMEX				
Card No.						
Exp. Date Security Code						
Signature	·					

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Statement D	etail	Statemen	nt Date 12/02/2	017 Accou	nt 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

Northern Medical Group PLLC

159 Barnegat Road

