



Northern Medical Group PLLC  
159 Barnegat Road  
Poughkeepsie, NY 12601

Patient: Rice Senpai

For billing inquiries, call: 845-592-4915

|                                    |                                                                                                                                   |               |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------|
| Account No.                        | Statement Date                                                                                                                    | Payment Due   |
| 410001                             | 12/02/2017                                                                                                                        | \$40.00       |
| Mail Pay                           |                                                                                                                                   |               |
| Enter Your Payment Amount          |                                                                                                                                   | \$            |
| By Check                           | Check No.                                                                                                                         |               |
| Payable to: Northern Medical Group |                                                                                                                                   |               |
| By Card                            | <input type="checkbox"/> VISA <input type="checkbox"/> mastercard <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMEX |               |
| Card No.                           |                                                                                                                                   |               |
| Exp. Date                          |                                                                                                                                   | Security Code |
| Signature                          |                                                                                                                                   |               |

0-0



Rice Senpai  
76 Rice Rd  
Restaurant, NY 10512-1032

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](mailto:billing@northernmed.com) or (845) 592-4915 to speak to one of our customer representatives.

| Statement Detail |            |                                              | Statement Date 12/02/2017 | Account 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 |

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

Northern Medical Group PLLC 159 Barnegat Road Poughkeepsie, NY 12561

For billing inquiries, call: 845-592-4915

Patient: Rice Senpai

**Payment Due**  
**\$40.00**



**Northern Medical Group PLLC**  
**159 Barnegat Road**  
**Poughkeepsie, NY 12601**

**Patient: Noodle Senpai**

**For billing inquiries, call: 845-592-4915**

|                                    |                                                                                                                                   |               |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------|
| Account No.                        | Statement Date                                                                                                                    | Payment Due   |
| 101123                             | 12/02/2017                                                                                                                        | \$35.38       |
| Mail Pay                           |                                                                                                                                   |               |
| Enter Your Payment Amount          |                                                                                                                                   | \$            |
| By Check                           | Check No.                                                                                                                         |               |
| Payable to: Northern Medical Group |                                                                                                                                   |               |
| By Card                            | <input type="checkbox"/> VISA <input type="checkbox"/> mastercard <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMEX |               |
| Card No.                           |                                                                                                                                   |               |
| Exp. Date                          |                                                                                                                                   | Security Code |
| Signature                          |                                                                                                                                   |               |

0-0



Noodle Senpai  
 74 Noodle Rd  
 Restaurant, NY 12590

**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](mailto:billing@northernmed.com) or (845) 592-4915 to speak to one of our customer representatives.

| Statement Detail |            |                                           | Statement Date 12/02/2017 | Account 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           | 02/23/2017 | Your Balance Due On These Services ...    |                           |                    | \$8.00  |
| 778789           |            | 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 |

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

**Payment Due**  
**\$35.38**

Northern Medical Group PLLC   159 Barnegat Road   Poughkeepsie, NY 12561

For billing inquiries, call: 845-592-4915

Patient: Noodle Senpai

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**Northern Medical Group PLLC**  
159 Barnegat Road  
Poughkeepsie, NY 12601

**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 Your Payment Amount          |                                                                                                                                   | \$            |
| By Check                           | Check No.                                                                                                                         |               |
| Payable to: Northern Medical Group |                                                                                                                                   |               |
| By Card                            | <input type="checkbox"/> VISA <input type="checkbox"/> mastercard <input type="checkbox"/> DISCOVER <input type="checkbox"/> 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](mailto:billing@northernmed.com) or (845) 592-4915 to speak to one of our customer representatives.

| Statement Detail |            | Statement Date 12/02/2017                                                                      | Account No. 430256 |          |          |
|------------------|------------|------------------------------------------------------------------------------------------------|--------------------|----------|----------|
| Claim No.        | Visit Date | Description of Service                                                                         | Charges            | Payments | Balance  |
| 903456           | 06/26/2017 | Claim:903456 Provider: Christos Kyrrou 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 Kyrrou 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 |
|                  |            |                                                                                                |                    |          |          |

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

**Payment Due**  
**\$411.14**

Northern Medical Group PLLC 159 Barnegat Road Poughkeepsie, NY 12561

For billing inquiries, call: 845-592-4915

Patient: Curry Senpai

Page 1 of 1



**Northern Medical Group PLLC**  
159 Barnegat Road  
Poughkeepsie, NY 12601

**Patient: Beef Senpai**

**For billing inquiries, call: 845-592-4915**

0-0



Rice Senpai  
76 Beef Rd  
Restaurant, NY 10512-1032

|                                    |                                                                                                                                   |               |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------|
| Account No.                        | Statement Date                                                                                                                    | Payment Due   |
| 410011                             | 12/02/2017                                                                                                                        | \$40.00       |
| Mail Pay                           |                                                                                                                                   |               |
| Enter Your Payment Amount          |                                                                                                                                   | \$            |
| By Check                           | Check No.                                                                                                                         |               |
| Payable to: Northern Medical Group |                                                                                                                                   |               |
| By Card                            | <input type="checkbox"/> VISA <input type="checkbox"/> mastercard <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMEX |               |
| 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 Detail |            | Statement Date 12/02/2017                    | Account 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 |
|                  |            |                                              |                    |          |         |

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

Northern Medical Group PLLC 159 Barnegat Road Poughkeepsie, NY 12561

For billing inquiries, call: 845-592-4915

Patient: Beef Senpai

**Payment Due**  
**\$40.00**



**Northern Medical Group PLLC**  
159 Barnegat Road  
Poughkeepsie, NY 12601

**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 Your Payment Amount          |                                                                                                                                   | \$            |
| By Check                           | Check No.                                                                                                                         |               |
| Payable to: Northern Medical Group |                                                                                                                                   |               |
| By Card                            | <input type="checkbox"/> VISA <input type="checkbox"/> mastercard <input type="checkbox"/> DISCOVER <input type="checkbox"/> 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

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| Statement Detail |            | Statement Date 12/02/2017                 | Account 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 ...    |                    |          |         |
| 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 ...    |                    |          |         |

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

**Payment Due**  
**\$35.38**

Northern Medical Group PLLC 159 Barnegat Road Poughkeepsie, NY 12561

For billing inquiries, call: 845-592-4915

Patient: Pork Senpai



Northern Medical Group PLLC  
159 Barnegat Road  
Poughkeepsie, NY 12601

Patient: Chicken Senpai

For billing inquiries, call: 845-592-4915

|                                    |                                                                                                                                   |               |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------|
| Account No.                        | Statement Date                                                                                                                    | Payment Due   |
| 430266                             | 12/02/2017                                                                                                                        | \$411.14      |
| Mail Pay                           |                                                                                                                                   |               |
| Enter Your Payment Amount          |                                                                                                                                   | \$            |
| By Check                           | Check No.                                                                                                                         |               |
| Payable to: Northern Medical Group |                                                                                                                                   |               |
| By Card                            | <input type="checkbox"/> VISA <input type="checkbox"/> mastercard <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMEX |               |
| Card No.                           |                                                                                                                                   |               |
| Exp. Date                          |                                                                                                                                   | Security Code |
| Signature                          |                                                                                                                                   |               |

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Curry M Senpai  
72 Chicken Rd  
Restaurant, NY 12590

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.

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- Feel free to contact us regarding any billing questions at [billing@northernmed.com](mailto:billing@northernmed.com) or (845) 592-4915 to speak to one of our customer representatives.

| Statement Detail |            |                                                                                                | Statement Date 12/02/2017 | Account No. 430266 |          |
|------------------|------------|------------------------------------------------------------------------------------------------|---------------------------|--------------------|----------|
| Claim No.        | Visit Date | Description of Service                                                                         | Charges                   | Payments           | Balance  |
| 903456           | 06/26/2017 | Claim:903456 Provider: Christos Kyrrou 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           | 07/17/2017 | 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           |            | Claim:920987 Provider: Christos Kyrrou 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 |

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

**Payment Due**  
**\$411.14**

Northern Medical Group PLLC 159 Barnegat Road Poughkeepsie, NY 12561

For billing inquiries, call: 845-592-4915

Patient: Chicken Senpai

Page 1 of 1