

1000 Main St. Ossining, NY 10562

Joshua Jensen 1 Main St Phoenix, AZ 85012

Reference # 123456

Statement Date Statement ID Due Date Guarantor Name 02/06/2019 987654 UPON RECEIPT Joshua Jensen

Amount Due \$46.00

Questions?

Customer Care is available for assistance.

Call

(914) 200-3292

Monday-Friday 9am - 6:30pm EST



Pay Online

odfmc.youraccountcenter.com

QuickPay ID

01-123456

Account Statement

This bill represents the charge for your visit to Open Door Family Medical Centers. If you would like to speak to a Customer Service Representative, please call (914) 200-3292.

Other Information

Please let us know if the address on this statement is incorrect or your insurance information has changed by calling (914) 200-3292.

| Date | Service Description | Charges | Payments/ Adjustments | Balance |
|------------|--|-----------------------------|--------------------------|---------|
| | Account #: 291929 PATIENT: MARCIA JENSEN LOCATION: Sleepy Hollow Open Door | | | |
| 08/16/2017 | CHARGES PAST DUE - 99213 OFFICE VISIT. EST PT LEVEL 3 Total Charges Adjustments Amount Due | \$185.00 \$185.00 | -\$139.00 | \$46.00 |

Detach Lower Portion and Return with Payment

Additional Payment Options

Pay on-line with a check, debit/credit, and HSA/FSA card using the below Payment ID.

Pay Online

odfmc.youraccountcenter.com

QuickPay ID

01-123456

Pay By Phone

(914) 200-3292

Financial Assistance

You may qualify for financial assistance. Visit odfmc.youraccountcenter.com or contact (914) 200-3292 for details. Reference # 123456
Statement ID 987654
Due Date UPON RECEIPT
Guarantor Name Joshua Jensen

Amount Due \$46.00

Please make checks payable to **Open Door Family Medical Centers**

Open Door Family Medical Centers

PO Box 780548

Philadelphia, PA 19178-0548