RECEIPT

Harbor View Eye Care 743 Broadway South Portland, ME 04106 Phone: (207) 799-3031 Fax: (207) 799-9005 Krishna Krithivas, O.D. Catena Crozier-Fitzgerald, C Christopher Brightbill, O.D. Samantha Burrill, O.D.



Stephanie Griggs 151 South Richland St South Portland, ME 04106 Account #: 27686

Patient(s): Griggs, Stephanie L

| DATE | DOS | PATIENT | ACTIVITY | | <u>ID</u> | UNITS | AMOUNT | ADJUST | CREDIT |
|----------------------------------|-------------|-----------------|--|-----------|------------------|-------|------------------------------|----------------------------|----------------------|
| 04/26/21 04/26/21 04/26/21 | 04/26/21 | Stephanie | AC Oasys 1 Pmt - Visa Pmt - Visa | Day 90 Pk | CF1 *** | 8.0 | \$760.00 \$0.00 \$0.00 | \$0.00 \$0.00 \$0.00 | \$400.00 \$230.00 |
| | otals for t | he Period Begiı | nning 04/26/202 | 21: | : | \$ | 760.00 | 5 0.00 \$ | 630.00 |
| Total Re | ceipt Bala | ance: | | | - = | | | \$ | 130.00 |
| Respons | ible Bala | nce: | \$ | 0.00 | Previous Balance | e: | | \$ | 0.00 |
| Amount | Expected | from Insurance | e: \$ | 130.00 | Account Balance |): | | \$ | 130.00 |

Upcoming Appointments -- None Scheduled

LEDGER DETAIL FOR ACCOUNT #: 27686

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|---|-----|---|-------------|-------------------------------------|-------------------|---------------------------------------|--------|---------------|----|--|----------------------------------|----------|---|
| Stephanie Griggs | | | Patient(s): | Patient(s): (A) Griggs, Stephanie L | ls, Stepnanie | <u>ا</u> | | | | Last Statement: | ment: | | |
| 151 South Richland St South Portland, ME 04106 Home: (847)727-7512 Work: (847)727-7512 ext | | | | | | | | | | Account Balance: Responsible Balance: Insurance Balance: | Salance: ble Balaı Balance | .: :: | |
| POST DOS P ACTIVITY | Ω | | AMOUNT | ADJUST | CREDIT | ADJUST CREDIT BALANCE POS ## TOS DIAG | # S | TOS DI | AG | CODE | RESP BAL | 8 | Щ |
| 04/26/21 04/26/21 A AC Oasys 1 Day 90 Pk | CF1 | s | \$ 00.092 | 0.00 | \$ 00.0 | 760.00 11 8.00 | 8.0 | 1 | | V2520 \$ | 0.00 | 8 | _ |
| | | | | | | 8 | DE M1 | CODE M1 M2 M3 | ш | EXPECT BILLED | -LED | PAID | |
| | | | | | Primary: | ı | V2520 | | 8 | 130.00 04/26/21 | 726/21 | | 1 |
| 04/26/21 Pmt - Visa | * * | 8 | \$ 00.0 | \$ 00.0 | 0.00 \$ 400.00 \$ | 360.00 11 1.00 | 1.0 | 1 0 | | | | | 1 |
| | | | | | | ID/Ck#: Visa | Visa | | | | | | |
| 04/26/21 Pmt - Visa | * | 8 | 00.00 | \$ 00.0 | 0.00 \$ 230.00 \$ | 130.00 11 1.00 1 | 1.0 | . 1 | | | | | |
| | | | | | | ID/Ck#: Visa | Visa | | | | | | |

0.00 REC'D 0.00

s

RESP ADJUST

630.00 RESP

\$130.00 \$0.00 \$130.00