

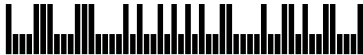
Family Internal Medicine PA Inc
Vinod Kumar Nagabhairu, MD

PO Box 1549
Mechanicsburg PA 17055-9049

Billing Phone: 717-527-5701
Billing Fax: 914-202-0292

CONFIDENTIALLY ADDRESSED TO:

10445 1 MB 0.672 *****AUTO*MIXED AADC 923
RICO, ANGEL
415 PIEDMONT CIR
Mechanicsburg , PA 17055-9049



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CARD NUMBER	3 DIGIT SECURITY CODE	
SIGNATURE	EXP. DATE	
NAME ON CARD	ZIP CODE	
PATIENT NAME	AMOUNT ENCLOSED/CHARGED	
RICO, ANGEL		
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NUMBER
07/22/2025	\$29.80	

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Date of Service	Visit ID	Description	CPT	Charge	Payments	Insurance	Adjustment	Patient	Balance
03/24/2025	500934713	SUBSEQUENT HOSPITAL CARE REF: COINS	99232	\$100.00		(\$-59.58)		(\$-25.52)	\$14.90
03/27/2025	501421998	SUBSEQUENT HOSPITAL CARE REF: COINS	99232	\$100.00		(\$-59.58)		(\$-25.52)	\$14.90

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Thank you!

ACCOUNT SUMMARY

Patient ID: 147943902
Patient Name: RICO, ANGEL
Balance: \$29.80
Statement Date: 07/22/2025

AMOUNT DUE NOW

\$29.80

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Billing Fax: 914-202-0292

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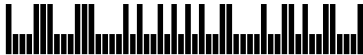
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Vinod Kumar Nagabhairu, MD

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Mechanicsburg PA 17055-9049

Billing Phone: 717-527-5701
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GROSS, VONNIE
200 N WILLIAMS ST
Mechanicsburg , PA 17055-9049



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SIGNATURE	EXP. DATE	
NAME ON CARD	ZIP CODE	
PATIENT NAME	AMOUNT ENCLOSED/CHARGED	
GROSS, VONNIE		
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NUMBER
07/22/2025	\$226.35	

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Date of Service	Visit ID	Description	CPT	Charge	Payments	Insurance Adjustment	Patient Balance
05/01/2025	506832887	SUBSEQUENT HOSPITAL CARE	99232	\$100.00		(\$-58.42)	(\$-26.68) \$14.90
05/05/2025	506948197	SUBSEQUENT HOSPITAL CARE	99232	\$100.00		(\$-58.42)	(\$-26.68) \$14.90
05/06/2025	506974622	SUBSEQUENT HOSPITAL CARE	99232	\$100.00		(\$-58.42)	(\$-26.68) \$14.90
05/09/2025	507903568	SUBSEQUENT HOSPITAL CARE	99232	\$100.00		(\$-58.42)	(\$-26.68) \$14.90
05/13/2025	508246743	SUBSEQUENT HOSPITAL CARE	99232	\$100.00		(\$-58.42)	(\$-26.68) \$14.90
05/19/2025	508908679	SUBSEQUENT HOSPITAL CARE	99232	\$100.00		(\$-58.42)	(\$-26.68) \$14.90
05/21/2025	509320527	SUBSEQUENT HOSPITAL CARE	99232	\$100.00		(\$-58.42)	(\$-26.68) \$14.90
05/22/2025	509557548	SUBSEQUENT HOSPITAL CARE	99232	\$100.00		(\$-58.42)	(\$-26.68) \$14.90

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Thank you!

ACCOUNT SUMMARY

Patient ID: 149022238
Patient Name: GROSS, VONNIE
Balance: \$226.35
Statement Date: 07/22/2025

AMOUNT DUE NOW

\$226.35

Billing Phone: 717-527-5701
Billing Fax: 914-202-0292

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Date of Service	Visit ID	Description	CPT	Charge	Payments	Insurance	Adjustment	Patient	Balance
06/24/2025	514117524	INITIAL HOSPITAL CARE	99223	\$200.00		(\$-128.01)		(\$-39.34)	\$32.65
06/25/2025	514306888	SUBSEQUENT HOSPITAL CARE	99232	\$100.00		(\$-58.42)		(\$-26.68)	\$14.90
06/26/2025	514725261	SUBSEQUENT HOSPITAL CARE	99232	\$100.00		(\$-58.42)		(\$-26.68)	\$14.90
06/27/2025	514917318	SUBSEQUENT HOSPITAL CARE	99232	\$100.00		(\$-58.42)		(\$-26.68)	\$14.90
06/30/2025	515113766	SUBSEQUENT HOSPITAL CARE	99232	\$100.00		(\$-58.42)		(\$-26.68)	\$14.90
07/01/2025	515139064	SUBSEQUENT HOSPITAL CARE	99232	\$100.00		(\$-58.42)		(\$-26.68)	\$14.90

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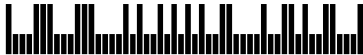
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PO Box 1549
Mechanicsburg PA 17055-9049

Billing Phone: 717-527-5701
Billing Fax: 914-202-0292

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THOMPSON, CAROLYN
14 S ORCHARD VIEW
Mechanicsburg , PA 17055-9049



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SIGNATURE	EXP. DATE	
NAME ON CARD	ZIP CODE	
PATIENT NAME	AMOUNT ENCLOSED/CHARGED	
THOMPSON, CAROLYN		
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NUMBER
07/22/2025	\$255.71	

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05/15/2025	508413341	INITIAL HOSPITAL CARE	99223	\$200.00		(\$-128.01)	(\$-39.34)	\$32.65
05/16/2025	508786760	SUBSEQUENT HOSPITAL CARE	99232	\$100.00		(\$-58.42)	(\$-26.68)	\$14.90
05/19/2025	508910240	SUBSEQUENT HOSPITAL CARE	99233	\$140.00		(\$-87.18)	(\$-30.58)	\$22.24
05/20/2025	509167975	SUBSEQUENT HOSPITAL CARE	99233	\$140.00		(\$-87.18)	(\$-30.58)	\$22.24
05/21/2025	509321341	SUBSEQUENT HOSPITAL CARE	99233	\$140.00		(\$-87.18)	(\$-30.58)	\$22.24
05/22/2025	509557943	SUBSEQUENT HOSPITAL CARE	99232	\$100.00		(\$-58.42)	(\$-26.68)	\$14.90
05/23/2025	510052287	SUBSEQUENT HOSPITAL CARE	99232	\$100.00		(\$-58.42)	(\$-26.68)	\$14.90
05/27/2025	510061307	SUBSEQUENT HOSPITAL CARE	99232	\$100.00		(\$-58.42)	(\$-26.68)	\$14.90

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Thank you!

ACCOUNT SUMMARY

Patient ID: 149491016
Patient Name: THOMPSON, CAROLYN
Balance: \$255.71
Statement Date: 07/22/2025

AMOUNT DUE NOW

\$255.71

Billing Phone: 717-527-5701
Billing Fax: 914-202-0292

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Date of Service	Visit ID	Description	CPT	Charge	Payments	Insurance Adjustment	Patient	Balance
05/28/2025	510343305	SUBSEQUENT HOSPITAL CARE	99232	\$100.00		(\$-58.42)	(\$-26.68)	\$14.90
05/29/2025	510443692	SUBSEQUENT HOSPITAL CARE	99233	\$140.00		(\$-87.18)	(\$-30.58)	\$22.24
06/02/2025	511119480	SUBSEQUENT HOSPITAL CARE	99232	\$100.00		(\$-58.42)	(\$-26.68)	\$14.90
06/03/2025	511304353	SUBSEQUENT HOSPITAL CARE	99232	\$100.00		(\$-58.42)	(\$-26.68)	\$14.90
06/04/2025	511440955	SUBSEQUENT HOSPITAL CARE	99232	\$100.00		(\$-58.42)	(\$-26.68)	\$14.90
06/05/2025	511896475	SUBSEQUENT HOSPITAL CARE	99232	\$100.00		(\$-58.42)	(\$-26.68)	\$14.90

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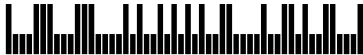
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Billing Fax: 914-202-0292

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OBERDICK, WENDY
6315 GLADFELTERS STATION RD
Mechanicsburg , PA 17055-9049



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SIGNATURE	EXP. DATE	
NAME ON CARD	ZIP CODE	
PATIENT NAME	AMOUNT ENCLOSED/CHARGED	
OBERDICK, WENDY		
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NUMBER
07/22/2025	\$172.67	

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05/27/2025	510057125	INITIAL HOSPITAL CARE REF: COINS	99223	\$200.00		(\$-129.53)		(\$-38.09)	\$32.38
05/28/2025	510332732	SUBSEQUENT HOSPITAL CARE REF: coins	99232	\$100.00		(\$-59.11)		(\$-26.11)	\$14.78
05/29/2025	510442880	SUBSEQUENT HOSPITAL CARE REF: COINS	99232	\$100.00		(\$-59.11)		(\$-26.11)	\$14.78
05/30/2025	510923111	SUBSEQUENT HOSPITAL CARE REF: COINS	99232	\$100.00		(\$-59.11)		(\$-26.11)	\$14.78
06/02/2025	511117256	SUBSEQUENT HOSPITAL CARE REF: Coins	99232	\$100.00		(\$-59.11)		(\$-26.11)	\$14.78
06/05/2025	511891196	SUBSEQUENT HOSPITAL CARE REF: Coins	99232	\$100.00		(\$-59.11)		(\$-26.11)	\$14.78
06/09/2025	511909038	SUBSEQUENT HOSPITAL CARE REF: coins	99232	\$100.00		(\$-59.11)		(\$-26.11)	\$14.78
06/10/2025	512095372	SUBSEQUENT HOSPITAL CARE REF: COINS	99232	\$100.00		(\$-59.11)		(\$-26.11)	\$14.78

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ACCOUNT SUMMARY

Patient ID: 149716115
Patient Name: OBERDICK, WENDY
Balance: \$172.67
Statement Date: 07/22/2025

AMOUNT DUE NOW

\$172.67

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Date of Service	Visit ID	Description	CPT	Charge	Payments	Insurance	Adjustment	Patient	Balance
06/13/2025	512545620	SUBSEQUENT HOSPITAL CARE REF: COINS	99232	\$100.00		(\$-59.11)		(\$-26.11)	\$14.78
06/14/2025	512559027	SUBSEQUENT HOSPITAL CARE REF: COINS	99233	\$140.00		(\$-88.22)		(\$-29.73)	\$22.05

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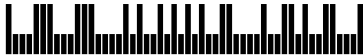
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TYSON, WADE
137 E HEFFNER RD
Mechanicsburg , PA 17055-9049



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SIGNATURE	EXP. DATE	
NAME ON CARD	ZIP CODE	
PATIENT NAME	AMOUNT ENCLOSED/CHARGED	
TYSON, WADE		
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NUMBER
07/22/2025	\$188.77	

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Date of Service	Visit ID	Description	CPT	Charge	Payments	Insurance	Adjustment	Patient	Balance
05/28/2025	510327652	INITIAL HOSPITAL CARE	99223	\$200.00					\$32.65
05/29/2025	510441710	SUBSEQUENT HOSPITAL CARE	99232	\$100.00					\$14.90
05/30/2025	510922792	SUBSEQUENT HOSPITAL CARE	99232	\$100.00					\$14.90
06/02/2025	511115987	SUBSEQUENT HOSPITAL CARE	99232	\$100.00					\$14.90
06/03/2025	511299181	SUBSEQUENT HOSPITAL CARE	99233	\$140.00					\$22.24
06/05/2025	511888773	SUBSEQUENT HOSPITAL CARE	99232	\$100.00					\$14.90
06/06/2025	511722586	SUBSEQUENT HOSPITAL CARE	99232	\$100.00					\$14.90
06/09/2025	511908322	SUBSEQUENT HOSPITAL CARE	99232	\$100.00					\$14.90

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ACCOUNT SUMMARY

Patient ID: 149753131
Patient Name: TYSON, WADE
Balance: \$188.77
Statement Date: 07/22/2025

AMOUNT DUE NOW

\$188.77

Billing Phone: 717-527-5701
Billing Fax: 914-202-0292

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Date of Service	Visit ID	Description	CPT	Charge	Payments	Insurance	Adjustment	Patient	Balance
06/10/2025	512094539	SUBSEQUENT HOSPITAL CARE	99233	\$140.00		(\$-87.18)		(\$-30.58)	\$22.24
06/11/2025	512454198	SUBSEQUENT HOSPITAL CARE	99233	\$140.00		(\$-87.18)		(\$-30.58)	\$22.24

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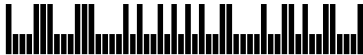
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SCHMITT, ELIZABETH
491 BARTS CHURCH RD
Mechanicsburg , PA 17055-9049



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SIGNATURE	EXP. DATE	
NAME ON CARD	ZIP CODE	
PATIENT NAME	AMOUNT ENCLOSED/CHARGED	
SCHMITT, ELIZABETH		
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NUMBER
07/22/2025	\$136.73	

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Date of Service	Visit ID	Description	CPT	Charge	Payments	Insurance Adjustment	Patient	Balance
05/28/2025	510332061	INITIAL HOSPITAL CARE	99223	\$200.00		(\$-128.01)	(\$-39.34)	\$32.65
05/29/2025	510441998	SUBSEQUENT HOSPITAL CARE	99232	\$100.00		(\$-58.42)	(\$-26.68)	\$14.90
06/02/2025	511116160	SUBSEQUENT HOSPITAL CARE	99233	\$140.00		(\$-87.18)	(\$-30.58)	\$22.24
06/03/2025	511300074	SUBSEQUENT HOSPITAL CARE	99232	\$100.00		(\$-58.42)	(\$-26.68)	\$14.90
06/05/2025	511889927	SUBSEQUENT HOSPITAL CARE	99232	\$100.00		(\$-58.42)	(\$-26.68)	\$14.90
06/06/2025	511724326	SUBSEQUENT HOSPITAL CARE	99232	\$100.00		(\$-58.42)	(\$-26.68)	\$14.90
06/09/2025	511908790	SUBSEQUENT HOSPITAL CARE	99233	\$140.00		(\$-87.18)	(\$-30.58)	\$22.24

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Thank you!

ACCOUNT SUMMARY

Patient ID: 149753713
Patient Name: SCHMITT, ELIZABETH
Balance: \$136.73
Statement Date: 07/22/2025

AMOUNT DUE NOW

\$136.73

Billing Phone: 717-527-5701

Billing Fax: 914-202-0292

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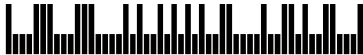
Family Internal Medicine PA Inc
Vinod Kumar Nagabhairu, MD

PO Box 1549
Mechanicsburg PA 17055-9049

Billing Phone: 717-527-5701
Billing Fax: 914-202-0292

CONFIDENTIALLY ADDRESSED TO:

10445 1 MB 0.672 *****AUTO*MIXED AADC 923
MALCOMB, CATHLEEN
15525 HIGH POINT RD PO BOX 5
Mechanicsburg , PA 17055-9049



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CARD NUMBER	3 DIGIT SECURITY CODE	
SIGNATURE	EXP. DATE	
NAME ON CARD	ZIP CODE	
PATIENT NAME	AMOUNT ENCLOSED/CHARGED	
MALCOMB, CATHLEEN		
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NUMBER
07/22/2025	\$150.98	

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Date of Service	Visit ID	Description	CPT	Charge	Payments	Insurance	Adjustment	Patient	Balance
05/30/2025	510926731	INITIAL HOSPITAL CARE	99222	\$150.00		(\$-96.02)		(\$-29.49)	\$24.49
06/02/2025	511436323	SUBSEQUENT HOSPITAL CARE	99233	\$140.00		(\$-74.11)		(\$-46.99)	\$18.90
06/03/2025	511312658	SUBSEQUENT HOSPITAL CARE	99233	\$140.00		(\$-74.11)		(\$-46.99)	\$18.90
06/04/2025	511437861	SUBSEQUENT HOSPITAL CARE	99232	\$100.00		(\$-49.65)		(\$-37.68)	\$12.67
06/05/2025	511519604	SUBSEQUENT HOSPITAL CARE	99232	\$100.00		(\$-49.65)		(\$-37.68)	\$12.67
06/06/2025	511711927	SUBSEQUENT HOSPITAL CARE	99232	\$100.00		(\$-49.65)		(\$-37.68)	\$12.67
06/11/2025	512276937	SUBSEQUENT HOSPITAL CARE	99232	\$100.00		(\$-49.65)		(\$-37.68)	\$12.67
06/12/2025	512519496	SUBSEQUENT HOSPITAL CARE	99232	\$100.00		(\$-49.65)		(\$-37.68)	\$12.67

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Thank you!

ACCOUNT SUMMARY

Patient ID: 149880877
Patient Name: MALCOMB, CATHLEEN
Balance: \$150.98
Statement Date: 07/22/2025

AMOUNT DUE NOW

\$150.98

Billing Phone: 717-527-5701

Billing Fax: 914-202-0292

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Date of Service	Visit ID	Description	CPT	Charge	Payments	Insurance	Adjustment	Patient	Balance
06/14/2025	513319064	SUBSEQUENT HOSPITAL CARE	99232	\$100.00		(\$-49.65)		(\$-37.68)	\$12.67
06/15/2025	513320298	SUBSEQUENT HOSPITAL CARE	99232	\$100.00		(\$-49.65)		(\$-37.68)	\$12.67

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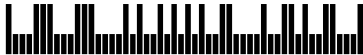
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Mechanicsburg PA 17055-9049

Billing Phone: 717-527-5701
Billing Fax: 914-202-0292

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SAUTER, TODD
7421 VILLAGE RD APT 22
Mechanicsburg , PA 17055-9049



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SIGNATURE	EXP. DATE	
NAME ON CARD	ZIP CODE	
PATIENT NAME	AMOUNT ENCLOSED/CHARGED	
SAUTER, TODD		
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NUMBER
07/22/2025	\$98.77	

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Date of Service	Visit ID	Description	CPT	Charge	Payments	Insurance Adjustment	Patient	Balance
06/04/2025	511447082	INITIAL HOSPITAL CARE	99222	\$150.00		(\$-96.02)	(\$-29.49)	\$24.49
06/06/2025	511725949	SUBSEQUENT HOSPITAL CARE	99232	\$100.00		(\$-58.42)	(\$-26.68)	\$14.90
06/09/2025	511909974	SUBSEQUENT HOSPITAL CARE	99232	\$100.00		(\$-58.42)	(\$-26.68)	\$14.90
06/10/2025	512097818	SUBSEQUENT HOSPITAL CARE	99233	\$140.00		(\$-87.18)	(\$-30.58)	\$22.24
06/11/2025	512460024	SUBSEQUENT HOSPITAL CARE	99233	\$140.00		(\$-87.18)	(\$-30.58)	\$22.24

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Thank you!

ACCOUNT SUMMARY

Patient ID: 149969516
Patient Name: SAUTER, TODD
Balance: \$98.77
Statement Date: 07/22/2025

AMOUNT DUE NOW

\$98.77

Billing Phone: 717-527-5701
Billing Fax: 914-202-0292

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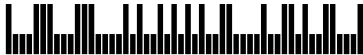
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RUDISILL, MICHAEL
628 DELONE AVE
Mechanicsburg , PA 17055-9049



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CARD NUMBER	3 DIGIT SECURITY CODE	
SIGNATURE	EXP. DATE	
NAME ON CARD	ZIP CODE	
PATIENT NAME	AMOUNT ENCLOSED/CHARGED	
RUDISILL, MICHAEL		
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NUMBER
07/22/2025	\$74.12	

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Date of Service	Visit ID	Description	CPT	Charge	Payments	Insurance	Adjustment	Patient	Balance
06/06/2025	511723338	SUBSEQUENT HOSPITAL CARE REF: Deductible	99232	\$100.00			(\$-23.18)	(\$-2.70)	\$74.12

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Thank you!

ACCOUNT SUMMARY

Patient ID: 150006759
Patient Name: RUDISILL, MICHAEL
Balance: \$74.12
Statement Date: 07/22/2025

AMOUNT DUE NOW

\$74.12

Billing Phone: 717-527-5701
Billing Fax: 914-202-0292

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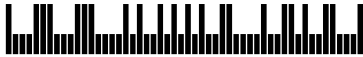
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1120 KALREDA RD
Mechanicsburg , PA 17055-9049



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SIGNATURE	EXP. DATE	
NAME ON CARD	ZIP CODE	
PATIENT NAME	AMOUNT ENCLOSED/CHARGED	
SAUNDERS, EDWARD		
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NUMBER
07/22/2025	\$30.82	

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Date of Service	Visit ID	Description	CPT	Charge	Payments	Insurance	Adjustment	Patient	Balance
06/05/2025	511775880	INITIAL HOSPITAL CARE REF: COINS	99222	\$150.00		(\$-108.02)		(\$-29.73)	\$12.25
06/09/2025	511907882	SUBSEQUENT HOSPITAL CARE REF: COINS	99232	\$100.00		(\$-65.72)		(\$-26.83)	\$7.45
06/10/2025	512093614	SUBSEQUENT HOSPITAL CARE REF: Coins	99233	\$140.00		(\$-98.08)		(\$-30.80)	\$11.12
06/05/2025	511775880	INITIAL HOSPITAL CARE REF: COINS	99222	\$150.00		(\$-108.02)		(\$-29.73)	\$12.25
06/09/2025	511907882	SUBSEQUENT HOSPITAL CARE REF: COINS	99232	\$100.00		(\$-65.72)		(\$-26.83)	\$7.45
06/10/2025	512093614	SUBSEQUENT HOSPITAL CARE REF: Coins	99233	\$140.00		(\$-98.08)		(\$-30.80)	\$11.12

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Thank you!

ACCOUNT SUMMARY

Patient ID: 150014808
Patient Name: SAUNDERS, EDWARD
Balance: \$30.82
Statement Date: 07/22/2025

AMOUNT DUE NOW

\$30.82

Billing Phone: 717-527-5701
Billing Fax: 914-202-0292

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