

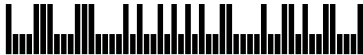
**Family Internal Medicine PA Inc**  
**Vinod Kumar Nagabhairu, MD**

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 17055-9049  
RICO, ANGEL  
415 PIEDMONT CIR  
Mechanicsburg , PA 17055-9049



☐ To ensure proper credit, please detach and return top portion with your payment.

**IF PAYING BY CREDIT CARD PLEASE FILL OUT BELOW**

**CHECK CARD USING FOR PAYMENT**



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	

**MAKE CHECKS PAYABLE AND MAIL TO:**

**Family Internal Medicine PA Inc**  
PO Box 1549  
Mechanicsburg PA 17055-9049



Pay FAMILY INTERNAL MEDICINE.  
Go to [paypal.me/FimPAInc](https://paypal.me/FimPAInc) and type in the amount.  
Since it's PayPal, it's easy...  
[Paypal.me/FimPAInc](https://paypal.me/FimPAInc)

Page 1 of 1

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

**Important Message From Our Billing Department**

Thank you for selecting Family Internal Medicine PA Inc for your healthcare needs during your stay at Encompass Health of York. This statement represents your most recent charges, as well as the balance now due. Patient balance is due in full upon presentation of this statement. As a courtesy, we have billed your insurance company. Any charges denied or not paid by your insurance company will be transferred to patient responsibility.

If you have questions as to how your insurance paid or elected not to pay, please call the insurance company directly. For questions regarding your account not related to insurance, please call our business office 717-527-5701, Monday through Friday between 8:30 am - 5:30 pm

Thank you!

**ACCOUNT SUMMARY**

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

**AMOUNT DUE NOW**

**\$29.80**

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

*Thank You from the Staff at*  
**Family Internal Medicine PA Inc**  
**Vinod Kumar Nagabhairu, MD**

PO Box 1549, Mechanicsburg PA 17055-9049



Pay FAMILY INTERNAL MEDICINE.  
Go to [paypal.me/FimPAInc](https://paypal.me/FimPAInc) and type in the amount.  
Since it's PayPal, it's easy...  
[Paypal.me/FimPAInc](https://paypal.me/FimPAInc)

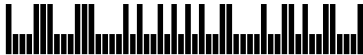
**Family Internal Medicine PA Inc**  
**Vinod Kumar Nagabhairu, MD**

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 17055-9049  
GROSS, VONNIE  
200 N WILLIAMS ST  
Mechanicsburg , PA 17055-9049



☐ To ensure proper credit, please detach and return top portion with your payment.

**IF PAYING BY CREDIT CARD PLEASE FILL OUT BELOW**

**CHECK CARD USING FOR PAYMENT**



CARD NUMBER	3 DIGIT SECURITY CODE	
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	

**MAKE CHECKS PAYABLE AND MAIL TO:**

**Family Internal Medicine PA Inc**  
PO Box 1549  
Mechanicsburg PA 17055-9049



Pay FAMILY INTERNAL MEDICINE.  
Go to [paypal.me/FimPAInc](https://paypal.me/FimPAInc) and type in the amount.  
Since it's PayPal, it's easy...  
[Paypal.me/FimPAInc](https://paypal.me/FimPAInc)

Page 1 of 1

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

**Important Message From Our Billing Department**

Thank you for selecting Family Internal Medicine PA Inc for your healthcare needs during your stay at Encompass Health of York. This statement represents your most recent charges, as well as the balance now due. Patient balance is due in full upon presentation of this statement. As a courtesy, we have billed your insurance company. Any charges denied or not paid by your insurance company will be transferred to patient responsibility.

If you have questions as to how your insurance paid or elected not to pay, please call the insurance company directly. For questions regarding your account not related to insurance, please call our business office 717-527-5701, Monday through Friday between 8:30 am - 5:30 pm

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

*Thank You from the Staff at*  
**Family Internal Medicine PA Inc**  
**Vinod Kumar Nagabhairu, MD**

PO Box 1549, Mechanicsburg PA 17055-9049



Pay FAMILY INTERNAL MEDICINE.  
Go to [paypal.me/FimPAInc](https://paypal.me/FimPAInc) and type in the amount.  
Since it's PayPal, it's easy...  
[Paypal.me/FimPAInc](https://paypal.me/FimPAInc)

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

*Thank You from the Staff at*  
**Family Internal Medicine PA Inc**  
**Vinod Kumar Nagabhairu, MD**  
PO Box 1549, Mechanicsburg PA 17055-9049

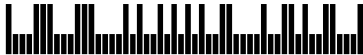
**Family Internal Medicine PA Inc**  
**Vinod Kumar Nagabhairu, MD**

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



☐ To ensure proper credit, please detach and return top portion with your payment.

**IF PAYING BY CREDIT CARD PLEASE FILL OUT BELOW**

**CHECK CARD USING FOR PAYMENT**



CARD NUMBER	3 DIGIT SECURITY CODE	
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	

**MAKE CHECKS PAYABLE AND MAIL TO:**

**Family Internal Medicine PA Inc**  
PO Box 1549  
Mechanicsburg PA 17055-9049



Pay FAMILY INTERNAL MEDICINE.  
Go to [paypal.me/FimPAInc](https://paypal.me/FimPAInc) and type in the amount.  
Since it's PayPal, it's easy...  
[Paypal.me/FimPAInc](https://paypal.me/FimPAInc)

Page 1 of 1

Date of Service	Visit ID	Description	CPT	Charge	Payments	Insurance	Adjustment	Patient	Balance
05/15/2025	508413341	INITIAL HOSPITAL CARE	99223	\$200.00					\$32.65
05/16/2025	508786760	SUBSEQUENT HOSPITAL CARE	99232	\$100.00					\$14.90
05/19/2025	508910240	SUBSEQUENT HOSPITAL CARE	99233	\$140.00					\$22.24
05/20/2025	509167975	SUBSEQUENT HOSPITAL CARE	99233	\$140.00					\$22.24
05/21/2025	509321341	SUBSEQUENT HOSPITAL CARE	99233	\$140.00					\$22.24
05/22/2025	509557943	SUBSEQUENT HOSPITAL CARE	99232	\$100.00					\$14.90
05/23/2025	510052287	SUBSEQUENT HOSPITAL CARE	99232	\$100.00					\$14.90
05/27/2025	510061307	SUBSEQUENT HOSPITAL CARE	99232	\$100.00					\$14.90

**Important Message From Our Billing Department**

Thank you for selecting Family Internal Medicine PA Inc for your healthcare needs during your stay at Encompass Health of York. This statement represents your most recent charges, as well as the balance now due. Patient balance is due in full upon presentation of this statement. As a courtesy, we have billed your insurance company. Any charges denied or not paid by your insurance company will be transferred to patient responsibility.

If you have questions as to how your insurance paid or elected not to pay, please call the insurance company directly. For questions regarding your account not related to insurance, please call our business office 717-527-5701, Monday through Friday between 8:30 am - 5:30 pm

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

*Thank You from the Staff at*  
**Family Internal Medicine PA Inc**  
**Vinod Kumar Nagabhairu, MD**

PO Box 1549, Mechanicsburg PA 17055-9049



Pay FAMILY INTERNAL MEDICINE.  
Go to [paypal.me/FimPAInc](https://paypal.me/FimPAInc) and type in the amount.  
Since it's PayPal, it's easy...  
[Paypal.me/FimPAInc](https://paypal.me/FimPAInc)

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

Thank You from the Staff at  
Family Internal Medicine PA Inc  
Vinod Kumar Nagabhairu, MD  
PO Box 1549, Mechanicsburg PA 17055-9049

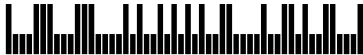
**Family Internal Medicine PA Inc**  
**Vinod Kumar Nagabhairu, MD**

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



☐ To ensure proper credit, please detach and return top portion with your payment.

**IF PAYING BY CREDIT CARD PLEASE FILL OUT BELOW**

**CHECK CARD USING FOR PAYMENT**



CARD NUMBER	3 DIGIT SECURITY CODE	
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	

**MAKE CHECKS PAYABLE AND MAIL TO:**

**Family Internal Medicine PA Inc**  
PO Box 1549  
Mechanicsburg PA 17055-9049



Pay FAMILY INTERNAL MEDICINE.  
Go to [paypal.me/FimPAInc](https://paypal.me/FimPAInc) and type in the amount.  
Since it's PayPal, it's easy...  
[Paypal.me/FimPAInc](https://paypal.me/FimPAInc)

Page 1 of 1

Date of Service	Visit ID	Description	CPT	Charge	Payments	Insurance	Adjustment	Patient	Balance
05/27/2025	510057125	INITIAL HOSPITAL CARE REF: COINS	99223	\$200.00					\$32.38
05/28/2025	510332732	SUBSEQUENT HOSPITAL CARE REF: coins	99232	\$100.00					\$14.78
05/29/2025	510442880	SUBSEQUENT HOSPITAL CARE REF: COINS	99232	\$100.00					\$14.78
05/30/2025	510923111	SUBSEQUENT HOSPITAL CARE REF: COINS	99232	\$100.00					\$14.78
06/02/2025	511117256	SUBSEQUENT HOSPITAL CARE REF: Coins	99232	\$100.00					\$14.78
06/05/2025	511891196	SUBSEQUENT HOSPITAL CARE REF: Coins	99232	\$100.00					\$14.78
06/09/2025	511909038	SUBSEQUENT HOSPITAL CARE REF: coins	99232	\$100.00					\$14.78
06/10/2025	512095372	SUBSEQUENT HOSPITAL CARE REF: COINS	99232	\$100.00					\$14.78

**Important Message From Our Billing Department**

Thank you for selecting Family Internal Medicine PA Inc for your healthcare needs during your stay at Encompass Health of York. This statement represents your most recent charges, as well as the balance now due. Patient balance is due in full upon presentation of this statement. As a courtesy, we have billed your insurance company. Any charges denied or not paid by your insurance company will be transferred to patient responsibility.

If you have questions as to how your insurance paid or elected not to pay, please call the insurance company directly. For questions regarding your account not related to insurance, please call our business office 717-527-5701, Monday through Friday between 8:30 am - 5:30 pm

Thank you!

**ACCOUNT SUMMARY**

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

**AMOUNT DUE NOW**

**\$172.67**

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

*Thank You from the Staff at*  
**Family Internal Medicine PA Inc**  
**Vinod Kumar Nagabhairu, MD**

PO Box 1549, Mechanicsburg PA 17055-9049



Pay FAMILY INTERNAL MEDICINE.  
Go to [paypal.me/FimPAInc](https://paypal.me/FimPAInc) and type in the amount.  
Since it's PayPal, it's easy...  
[Paypal.me/FimPAInc](https://paypal.me/FimPAInc)

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

*Thank You from the Staff at*  
**Family Internal Medicine PA Inc**  
**Vinod Kumar Nagabhairu, MD**  
PO Box 1549, Mechanicsburg PA 17055-9049

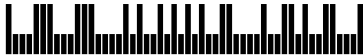
**Family Internal Medicine PA Inc**  
**Vinod Kumar Nagabhairu, MD**

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



☐ To ensure proper credit, please detach and return top portion with your payment.

**IF PAYING BY CREDIT CARD PLEASE FILL OUT BELOW**

**CHECK CARD USING FOR PAYMENT**



CARD NUMBER	3 DIGIT SECURITY CODE	
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	

**MAKE CHECKS PAYABLE AND MAIL TO:**

**Family Internal Medicine PA Inc**  
PO Box 1549  
Mechanicsburg PA 17055-9049



Pay FAMILY INTERNAL MEDICINE.  
Go to [paypal.me/FimPAInc](https://paypal.me/FimPAInc) and type in the amount.  
Since it's PayPal, it's easy...  
[Paypal.me/FimPAInc](https://paypal.me/FimPAInc)

Page 1 of 1

Date of Service	Visit ID	Description	CPT	Charge	Payments	Insurance Adjustment	Patient	Balance
05/28/2025	510327652	INITIAL HOSPITAL CARE	99223	\$200.00		(\$-128.01)	(\$-39.34)	\$32.65
05/29/2025	510441710	SUBSEQUENT HOSPITAL CARE	99232	\$100.00		(\$-58.42)	(\$-26.68)	\$14.90
05/30/2025	510922792	SUBSEQUENT HOSPITAL CARE	99232	\$100.00		(\$-58.42)	(\$-26.68)	\$14.90
06/02/2025	511115987	SUBSEQUENT HOSPITAL CARE	99232	\$100.00		(\$-58.42)	(\$-26.68)	\$14.90
06/03/2025	511299181	SUBSEQUENT HOSPITAL CARE	99233	\$140.00		(\$-87.18)	(\$-30.58)	\$22.24
06/05/2025	511888773	SUBSEQUENT HOSPITAL CARE	99232	\$100.00		(\$-58.42)	(\$-26.68)	\$14.90
06/06/2025	511722586	SUBSEQUENT HOSPITAL CARE	99232	\$100.00		(\$-58.42)	(\$-26.68)	\$14.90
06/09/2025	511908322	SUBSEQUENT HOSPITAL CARE	99232	\$100.00		(\$-58.42)	(\$-26.68)	\$14.90

**Important Message From Our Billing Department**

Thank you for selecting Family Internal Medicine PA Inc for your healthcare needs during your stay at Encompass Health of York. This statement represents your most recent charges, as well as the balance now due. Patient balance is due in full upon presentation of this statement. As a courtesy, we have billed your insurance company. Any charges denied or not paid by your insurance company will be transferred to patient responsibility.

If you have questions as to how your insurance paid or elected not to pay, please call the insurance company directly. For questions regarding your account not related to insurance, please call our business office 717-527-5701, Monday through Friday between 8:30 am - 5:30 pm

Thank you!

**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

*Thank You from the Staff at*  
**Family Internal Medicine PA Inc**  
**Vinod Kumar Nagabhairu, MD**

PO Box 1549, Mechanicsburg PA 17055-9049



Pay FAMILY INTERNAL MEDICINE.  
Go to [paypal.me/FimPAInc](https://paypal.me/FimPAInc) and type in the amount.  
Since it's PayPal, it's easy...  
[Paypal.me/FimPAInc](https://paypal.me/FimPAInc)



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

*Thank You from the Staff at*  
**Family Internal Medicine PA Inc**  
**Vinod Kumar Nagabhairu, MD**  
PO Box 1549, Mechanicsburg PA 17055-9049

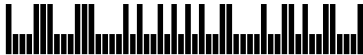
**Family Internal Medicine PA Inc**  
**Vinod Kumar Nagabhairu, MD**

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



☐ To ensure proper credit, please detach and return top portion with your payment.

**IF PAYING BY CREDIT CARD PLEASE FILL OUT BELOW**

**CHECK CARD USING FOR PAYMENT**



CARD NUMBER	3 DIGIT SECURITY CODE	
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	

**MAKE CHECKS PAYABLE AND MAIL TO:**

**Family Internal Medicine PA Inc**  
PO Box 1549  
Mechanicsburg PA 17055-9049



Pay FAMILY INTERNAL MEDICINE.  
Go to [paypal.me/FimPAInc](https://paypal.me/FimPAInc) and type in the amount.  
Since it's PayPal, it's easy...  
[Paypal.me/FimPAInc](https://paypal.me/FimPAInc)

Page 1 of 1

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

**Important Message From Our Billing Department**

Thank you for selecting Family Internal Medicine PA Inc for your healthcare needs during your stay at Encompass Health of York. This statement represents your most recent charges, as well as the balance now due. Patient balance is due in full upon presentation of this statement. As a courtesy, we have billed your insurance company. Any charges denied or not paid by your insurance company will be transferred to patient responsibility.

If you have questions as to how your insurance paid or elected not to pay, please call the insurance company directly. For questions regarding your account not related to insurance, please call our business office 717-527-5701, Monday through Friday between 8:30 am - 5:30 pm

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

*Thank You from the Staff at*  
**Family Internal Medicine PA Inc**  
**Vinod Kumar Nagabhairu, MD**

PO Box 1549, Mechanicsburg PA 17055-9049



Pay FAMILY INTERNAL MEDICINE.  
Go to [paypal.me/FimPAInc](https://paypal.me/FimPAInc) and type in the amount.  
Since it's PayPal, it's easy...  
[Paypal.me/FimPAInc](https://paypal.me/FimPAInc)

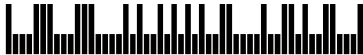
**Family Internal Medicine PA Inc**  
**Vinod Kumar Nagabhairu, MD**

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 17055-9049  
MALCOMB, CATHLEEN  
15525 HIGH POINT RD PO BOX 5  
Mechanicsburg , PA 17055-9049



☐ To ensure proper credit, please detach and return top portion with your payment.

**IF PAYING BY CREDIT CARD PLEASE FILL OUT BELOW**

**CHECK CARD USING FOR PAYMENT**



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	

**MAKE CHECKS PAYABLE AND MAIL TO:**

**Family Internal Medicine PA Inc**  
PO Box 1549  
Mechanicsburg PA 17055-9049



Pay FAMILY INTERNAL MEDICINE.  
Go to [paypal.me/FimPAInc](https://paypal.me/FimPAInc) and type in the amount.  
Since it's PayPal, it's easy...  
[Paypal.me/FimPAInc](https://paypal.me/FimPAInc)

Page 1 of 1

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

**Important Message From Our Billing Department**

Thank you for selecting Family Internal Medicine PA Inc for your healthcare needs during your stay at Encompass Health of York. This statement represents your most recent charges, as well as the balance now due. Patient balance is due in full upon presentation of this statement. As a courtesy, we have billed your insurance company. Any charges denied or not paid by your insurance company will be transferred to patient responsibility.

If you have questions as to how your insurance paid or elected not to pay, please call the insurance company directly. For questions regarding your account not related to insurance, please call our business office 717-527-5701, Monday through Friday between 8:30 am - 5:30 pm

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

*Thank You from the Staff at*  
**Family Internal Medicine PA Inc**  
**Vinod Kumar Nagabhairu, MD**

PO Box 1549, Mechanicsburg PA 17055-9049



Pay FAMILY INTERNAL MEDICINE.  
Go to [paypal.me/FimPAInc](https://paypal.me/FimPAInc) and type in the amount.  
Since it's PayPal, it's easy...  
[Paypal.me/FimPAInc](https://paypal.me/FimPAInc)

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

*Thank You from the Staff at*  
**Family Internal Medicine PA Inc**  
**Vinod Kumar Nagabhairu, MD**  
PO Box 1549, Mechanicsburg PA 17055-9049

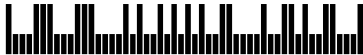
**Family Internal Medicine PA Inc**  
**Vinod Kumar Nagabhairu, MD**

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



☐ To ensure proper credit, please detach and return top portion with your payment.

**IF PAYING BY CREDIT CARD PLEASE FILL OUT BELOW**

**CHECK CARD USING FOR PAYMENT**



CARD NUMBER	3 DIGIT SECURITY CODE	
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	

**MAKE CHECKS PAYABLE AND MAIL TO:**

**Family Internal Medicine PA Inc**  
PO Box 1549  
Mechanicsburg PA 17055-9049



Pay FAMILY INTERNAL MEDICINE.  
Go to [paypal.me/FimPAInc](https://paypal.me/FimPAInc) and type in the amount.  
Since it's PayPal, it's easy...  
[Paypal.me/FimPAInc](https://paypal.me/FimPAInc)

Page 1 of 1

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

**Important Message From Our Billing Department**

Thank you for selecting Family Internal Medicine PA Inc for your healthcare needs during your stay at Encompass Health of York. This statement represents your most recent charges, as well as the balance now due. Patient balance is due in full upon presentation of this statement. As a courtesy, we have billed your insurance company. Any charges denied or not paid by your insurance company will be transferred to patient responsibility.

If you have questions as to how your insurance paid or elected not to pay, please call the insurance company directly. For questions regarding your account not related to insurance, please call our business office 717-527-5701, Monday through Friday between 8:30 am - 5:30 pm

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

*Thank You from the Staff at*  
**Family Internal Medicine PA Inc**  
**Vinod Kumar Nagabhairu, MD**

PO Box 1549, Mechanicsburg PA 17055-9049



Pay FAMILY INTERNAL MEDICINE.  
Go to [paypal.me/FimPAInc](https://paypal.me/FimPAInc) and type in the amount.  
Since it's PayPal, it's easy...  
[Paypal.me/FimPAInc](https://paypal.me/FimPAInc)

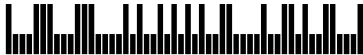
**Family Internal Medicine PA Inc**  
**Vinod Kumar Nagabhairu, MD**

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



☐ To ensure proper credit, please detach and return top portion with your payment.

**IF PAYING BY CREDIT CARD PLEASE FILL OUT BELOW**

**CHECK CARD USING FOR PAYMENT**



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	

**MAKE CHECKS PAYABLE AND MAIL TO:**

**Family Internal Medicine PA Inc**  
PO Box 1549  
Mechanicsburg PA 17055-9049



Pay FAMILY INTERNAL MEDICINE.  
Go to [paypal.me/FimPAInc](https://paypal.me/FimPAInc) and type in the amount.  
Since it's PayPal, it's easy...  
[Paypal.me/FimPAInc](https://paypal.me/FimPAInc)

Page 1 of 1

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

**Important Message From Our Billing Department**

Thank you for selecting Family Internal Medicine PA Inc for your healthcare needs during your stay at Encompass Health of York. This statement represents your most recent charges, as well as the balance now due. Patient balance is due in full upon presentation of this statement. As a courtesy, we have billed your insurance company. Any charges denied or not paid by your insurance company will be transferred to patient responsibility.

If you have questions as to how your insurance paid or elected not to pay, please call the insurance company directly. For questions regarding your account not related to insurance, please call our business office 717-527-5701, Monday through Friday between 8:30 am - 5:30 pm

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

*Thank You from the Staff at*  
**Family Internal Medicine PA Inc**  
**Vinod Kumar Nagabhairu, MD**

PO Box 1549, Mechanicsburg PA 17055-9049



Pay FAMILY INTERNAL MEDICINE.  
Go to [paypal.me/FimPAInc](https://paypal.me/FimPAInc) and type in the amount.  
Since it's PayPal, it's easy...  
[Paypal.me/FimPAInc](https://paypal.me/FimPAInc)

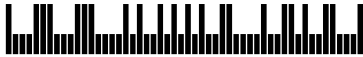
**Family Internal Medicine PA Inc**  
**Vinod Kumar Nagabhairu, MD**

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 17055-9049  
SAUNDERS, EDWARD  
1120 KALREDA RD  
Mechanicsburg , PA 17055-9049



☐ To ensure proper credit, please detach and return top portion with your payment.

**IF PAYING BY CREDIT CARD PLEASE FILL OUT BELOW**

**CHECK CARD USING FOR PAYMENT**



CARD NUMBER	3 DIGIT SECURITY CODE	
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	

**MAKE CHECKS PAYABLE AND MAIL TO:**

**Family Internal Medicine PA Inc**  
PO Box 1549  
Mechanicsburg PA 17055-9049



Pay FAMILY INTERNAL MEDICINE.  
Go to [paypal.me/FimPAInc](https://paypal.me/FimPAInc) and type in the amount.  
Since it's PayPal, it's easy...  
[Paypal.me/FimPAInc](https://paypal.me/FimPAInc)

Page 1 of 1

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

**Important Message From Our Billing Department**

Thank you for selecting Family Internal Medicine PA Inc for your healthcare needs during your stay at Encompass Health of York. This statement represents your most recent charges, as well as the balance now due. Patient balance is due in full upon presentation of this statement. As a courtesy, we have billed your insurance company. Any charges denied or not paid by your insurance company will be transferred to patient responsibility.

If you have questions as to how your insurance paid or elected not to pay, please call the insurance company directly. For questions regarding your account not related to insurance, please call our business office 717-527-5701, Monday through Friday between 8:30 am - 5:30 pm

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

*Thank You from the Staff at*  
**Family Internal Medicine PA Inc**  
**Vinod Kumar Nagabhairu, MD**

PO Box 1549, Mechanicsburg PA 17055-9049



Pay FAMILY INTERNAL MEDICINE.  
Go to [paypal.me/FimPAInc](https://paypal.me/FimPAInc) and type in the amount.  
Since it's PayPal, it's easy...  
[Paypal.me/FimPAInc](https://paypal.me/FimPAInc)