



**To:** Kelly Rizor  
Company: Highmark Blue Cross Attn: Payment integrity/Host High -Dol  
Fax: 855-329-8191  
Phone:

**FROM:** Eladia Reyes  
Fax: 904-697-5415  
Phone: 555246

**Date and time of transmission:** Monday, March 8, 2021 7:05:14 AM  
**Number of pages including this cover sheet:** 08

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## **Confidential Patient-Physician Information**

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### **Notes:**

Attached please find the detail bill for  
Patrick Deamore  
Id # HST827556144  
DOS: 01/12/2021 -01/28/2021  
Claim ID: 21655485130  
Account # 47315500  
NPI: 1467505073

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AIDHC Hospital Billing  
PO Box 404112  
Atlanta, GA 30384 4112  
Ph: (302) 651 4000

**GUARANTOR NUMBER**  
52045629

**GUARANTOR NAME & ADDRESS**  
Sterling Deamore  
303 W Flower St  
  
Landisville, NJ 08326

**ACCOUNT NUMBER:**4/315500

Detail Bill for :

Patient Name:D eamore,Patrick  
Account Class: Inpatient  
Attending Physician:K evin M Sullivan,M D

Admission Date:01/12/21  
Discharge Date:01/28/21

### Charges

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0171	01/26/2021	6060	0105346	R&B NICU LEVEL 1	1	9,895.00
0171	01/27/2021	6060	0105346	R&B NICU LEVEL 1	1	9,895.00
0172	01/20/2021	6060	0105353	R&B NICU LEVEL 2	1	10,418.00
0172	01/21/2021	6060	0105353	R&B NICU LEVEL 2	1	10,418.00
0172	01/22/2021	6060	0105353	R&B NICU LEVEL 2	1	10,418.00
0172	01/23/2021	6060	0105353	R&B NICU LEVEL 2	1	10,418.00
0172	01/24/2021	6060	0105353	R&B NICU LEVEL 2	1	10,418.00
0172	01/25/2021	6060	0105353	R&B NICU LEVEL 2	1	10,418.00
0173	01/17/2021	6060	0105361	R&B NICU LEVEL 3	1	10,964.00
0173	01/18/2021	6060	0105361	R&B NICU LEVEL 3	1	10,964.00
0173	01/19/2021	6060	0105361	R&B NICU LEVEL 3	1	10,964.00
0174	01/12/2021	6060	0101931	R&B NICU LEVEL 4	1	11,513.00
0174	01/13/2021	6060	0101931	R&B NICU LEVEL 4	1	11,513.00
0174	01/14/2021	6060	0101931	R&B NICU LEVEL 4	1	11,513.00
0174	01/15/2021	6060	0101931	R&B NICU LEVEL 4	1	11,513.00
0174	01/16/2021	6060	0101931	R&B NICU LEVEL 4	1	11,513.00
0250	01/12/2021	7955	250	DEXTROSE 70 % SOLN 2,000 ML PLAS CONT	1	15.00
0250	01/13/2021	7955	250	TPN - NEONATAL (NICU) STARTER SOLUTION	1	225.00
0250	01/13/2021	7955	250	AMPICILLIN SODIUM INJ (BILLING UNIT = 500 MG)	1	15.00
0250	01/13/2021	7955	250	AMPICILLIN SODIUM INJ (BILLING UNIT = 500 MG)	1	15.00
0250	01/13/2021	7955	250	FAT EMULSION MIXED-OIL 20 % EMULSION	15	15.00
0250	01/13/2021	7955	250	TPN-PEDIATRIC (2-IN-1) BKC VIA CENTRAL LINE	1	240.00
0250	01/13/2021	7955	250	AMPICILLIN SODIUM INJ (BILLING UNIT = 500 MG)	1	15.00
0250	01/14/2021	7955	250	AMPICILLIN SODIUM INJ (BILLING UNIT = 500 MG)	1	15.00
0250	01/14/2021	7955	250	TPN-PEDIATRIC (2-IN-1) BKC VIA CENTRAL LINE	1	240.00
0250	01/14/2021	7955	250	FAT EMULSION MIXED-OIL 20 % EMULSION	15	15.00
0250	01/15/2021	7955	250	FAT EMULSION MIXED-OIL 20 % EMULSION	29	18.00
0250	01/15/2021	7955	250	TPN PEDIATRIC (2 IN 1) BKC VIA CENTRAL LINE	1	240.00

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Sterling Deamore  
303 W Flower St  
  
Landisville, NJ 08326

**ACCOUNT NUMBER:** 4/315500

Detail Bill for :

Patient Name: D eamore, Patrick  
Account Class: Inpatient  
Attending Physician: K evin M Sullivan, M D

Admission Date: 01/12/21  
Discharge Date: 01/28/21

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	01/16/2021	7955	250	FAT EMULSION MIXED-OIL 20 % EMULSION	29	18.00
0250	01/16/2021	7955	250	TPN-PEDIATRIC (2-IN-1) BKC VIA CENTRAL LINE	1	240.00
0250	01/17/2021	7955	250	TPN PEDIATRIC (2 IN 1) BKC VIA CENTRAL LINE	1	240.00
0250	01/18/2021	7955	250	DEXTROSE 10 % SOLN	1	15.00
0250	01/22/2021	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	1	15.00
0250	01/23/2021	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	1	15.00
0250	01/24/2021	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	1	15.00
0250	01/25/2021	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	1	15.00
0250	01/25/2021	7955	250	BACITRACIN 500 UNIT/G OINTMENT 14 G TUBE	1	15.00
0250	01/26/2021	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	1	15.00
0250	01/27/2021	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	1	15.00
0250	01/28/2021	7955	250	SUCROSE 21 % SOLN	1	15.00
0301	01/12/2021	7110	2101590	BASIC METABOLIC PANEL	1	244.00
0301	01/12/2021	7110	2109759	GAMMA GT (GGT)	1	172.00
0301	01/12/2021	7110	2110435	HEPATIC FUNCTION PANEL	1	261.00
0301	01/12/2021	7110	2111573	ISIAI BLOOD GAS LYTES H&H	1	551.00
0301	01/12/2021	7110	2111573	ISIAI BLOOD GAS LYTES H&H	1	551.00
0301	01/12/2021	7110	2111573	ISIAI BLOOD GAS LYTES H&H	1	551.00
0301	01/12/2021	7110	2113991	MAGNESIUM	1	190.00
0301	01/12/2021	7110	2116663	PHOSPHORUS	1	168.00
0301	01/13/2021	7110	2101590	BASIC METABOLIC PANEL	1	244.00
0301	01/13/2021	7110	2104156	COMPREHENSIVE METABOLIC PANEL	1	334.00
0301	01/13/2021	7110	2109858	GENTAMYCIN	1	145.00
0301	01/13/2021	7110	2113991	MAGNESIUM	1	190.00
0301	01/13/2021	7110	2113991	MAGNESIUM	1	190.00
0301	01/13/2021	7110	2116663	PHOSPHORUS	1	168.00
0301	01/13/2021	7110	2116663	PHOSPHORUS	1	168.00
0301	01/13/2021	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	386.00

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Account Class: Inpatient  
Attending Physician:K evin M Sullivan,M D

Admission Date:01/12/21  
Discharge Date:01/28/21

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0301	01/13/2021	7110	21212/5	CRITICAL CARE PROFILE IN HOUSE	1	386.00
0301	01/13/2021	7110	21212/5	CRITICAL CARE PROFILE IN HOUSE	1	386.00
0301	01/14/2021	7110	2104156	COMPREHENSIVE METABOLIC PANEL	1	334.00
0301	01/14/2021	7110	2109858	GENTAMYCIN	1	145.00
0301	01/14/2021	7110	2113991	MAGNESIUM	1	190.00
0301	01/14/2021	7110	2116663	PHOSPHORUS	1	168.00
0301	01/15/2021	7110	2104156	COMPREHENSIVE METABOLIC PANEL	1	334.00
0301	01/15/2021	7110	2113991	MAGNESIUM	1	190.00
0301	01/15/2021	7110	2116663	PHOSPHORUS	1	168.00
0301	01/17/2021	7110	2101590	BASIC METABOLIC PANEL	1	244.00
0301	01/17/2021	7110	2113991	MAGNESIUM	1	190.00
0301	01/17/2021	7110	2116663	PHOSPHORUS	1	168.00
0301	01/18/2021	7110	2101590	BASIC METABOLIC PANEL	1	244.00
0301	01/22/2021	7110	2121044	TSH	1	320.00
0301	01/22/2021	7110	2121051	THYROXINE FREE (INC T4 TOTAL)	1	285.00
0302	01/12/2021	7110	2102457	C REACTIVE PROTEIN	1	135.00
0302	01/13/2021	7135	1410026	ANTIBODY SCREENING	1	189.00
0302	01/13/2021	7135	1410034	DIRECT COOMBS (DAT)	1	152.00
0305	01/12/2021	7115	2300101	ACTIVATED PARTIAL PROTHROMBIN	1	172.00
0305	01/12/2021	7115	2301604	CBC WITH DIFFERENTIAL	1	96.00
0305	01/12/2021	7115	2310506	FIBRINOGEN ACTIVITY	1	194.00
0305	01/12/2021	7115	2316503	PROTHROMBIN TIME	1	172.00
0305	01/13/2021	7115	2300101	ACTIVATED PARTIAL PROTHROMBIN	1	172.00
0305	01/13/2021	7115	2300101	ACTIVATED PARTIAL PROTHROMBIN	1	172.00
0305	01/13/2021	7115	2301604	CBC WITH DIFFERENTIAL	1	96.00
0305	01/13/2021	7115	2301604	CBC WITH DIFFERENTIAL	1	96.00
0305	01/13/2021	7115	2310506	FIBRINOGEN ACTIVITY	1	194.00
0305	01/13/2021	7115	2310506	FIBRINOGEN ACTIVITY	1	194.00
0305	01/13/2021	7115	2316503	PROTHROMBIN TIME	1	172.00
0305	01/13/2021	7115	2316503	PROTHROMBIN TIME	1	172.00
0305	01/14/2021	7115	2300101	ACTIVATED PARTIAL PROTHROMBIN	1	172.00
0305	01/14/2021	7115	2301604	CBC WITH DIFFERENTIAL	1	96.00
0305	01/14/2021	7115	2310506	FIBRINOGEN ACTIVITY	1	194.00
0305	01/14/2021	7115	2316503	PROTHROMBIN TIME	1	172.00
0305	01/15/2021	7115	2300101	ACTIVATED PARTIAL PROTHROMBIN	1	172.00
0305	01/15/2021	7115	2301604	CBC WITH DIFFERENTIAL	1	96.00
0305	01/15/2021	7115	2310506	FIBRINOGEN ACTIVITY	1	194.00

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303 W Flower St

Landisville, NJ 08326

**ACCOUNT NUMBER:**4/315500

Detail Bill for :

Patient Name:D eamore,Patrick

Admission Date:01/12/21

Account Class: Inpatient

Discharge Date:01/28/21

Attending Physician:K evin M Sullivan,M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0305	01/15/2021	7115	2316503	PROTHROMBIN TIME	1	172.00
0306	01/12/2021	7120	3112638	STAPH AUREUS METHICILLIN RESISTANT PCR	1	301.00
0306	01/28/2021	7120	3112638	STAPH AUREUS METHICILLIN RESISTANT PCR	1	301.00
0309	01/13/2021	7135	1441063	SPLIT STERILE DOCK PROCEDURE	1	208.00
0320	01/12/2021	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	137.00
0320	01/12/2021	7615	9038998	RADIOLOGICAL EXAMINATION ABDOMEN 1 VIEW	1	167.00
0360	01/12/2021	6060	9001223	CATHETERIZATION UMBILICAL ARTERY, NEWBORN	1	468.00
0360	01/25/2021	6060	9031067	CIRCUMCISION USING CLAMP/DVC W/REGIONAL DORSAL/PENILE BLOCK	1	7,596.00
0390	01/13/2021	7135	1412006	BLOOD TYPING SEROLOGIC ABO	1	145.00
0390	01/13/2021	7135	1440056	RH (D)	1	145.00
0390	01/13/2021	7135	9044448	PPF FRESH FROZEN PLASMA ALIQUOT	1	162.00
0402	01/13/2021	7620	2065456	ECHOENCEPHALOGRAPHY	1	968.00
0420	01/21/2021	7987	2933901	THERAPEUTIC EXERCISE IP PT	2	306.00
0420	01/26/2021	7987	2933901	THERAPEUTIC EXERCISE IP PT	2	306.00
0420	01/28/2021	7987	2984532	FUNCTIONAL ACTIVITIES IP PT	5	760.00
0424	01/18/2021	7987	9034173	PT EVALUATION MODERATE COMPLEXITY IP	1	1,035.00
0430	01/20/2021	7987	2921203	FUNCTIONAL ACTIVITIES IP OT	3	456.00
0430	01/25/2021	7987	2921203	FUNCTIONAL ACTIVITIES IP OT	2	304.00
0430	01/27/2021	7987	2921203	FUNCTIONAL ACTIVITIES IP OT	3	456.00
0434	01/18/2021	7987	9034223	OT EVALUATION HIGH COMPLEXITY IP	1	1,314.00
0441	01/19/2021	7987	9034472	FEEDING THERAPY IP	1	160.00
0441	01/20/2021	7987	9034472	FEEDING THERAPY IP	1	160.00
0441	01/21/2021	7987	9034472	FEEDING THERAPY IP	1	160.00
0441	01/22/2021	7987	9034472	FEEDING THERAPY IP	1	160.00
0441	01/25/2021	7987	9034472	FEEDING THERAPY IP	1	160.00
0441	01/26/2021	7987	9034472	FEEDING THERAPY IP	1	160.00
0441	01/27/2021	7987	9034472	FEEDING THERAPY IP	1	160.00
0441	01/18/2021	7987	9034280	FEEDING EVALUATION IP	1	1,035.00
0460	01/12/2021	7965	9054815	OXYGEN HIGH-FLOW/VAPO THERM THERAPY PER DAY	1	2,143.00

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Sterling Deamore  
303 W Flower St

Landisville, NJ 08326

**ACCOUNT NUMBER:** 47315500

Detail Bill for :

Patient Name: Deamore, Patrick  
Account Class: Inpatient  
Attending Physician: Kevin M Sullivan, MD

Admission Date: 01/12/21  
Discharge Date: 01/28/21

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0160	01/13/2021	7965	9054815	OXYGEN HIGH-FLOW/VAPOTHERM THERAPY PER DAY	1	2,143.00
0160	01/14/2021	7965	9054815	OXYGEN HIGH-FLOW/VAPOTHERM THERAPY PER DAY	1	2,143.00
0460	01/15/2021	7965	9054815	OXYGEN HIGHFLOW/VAPOTHERM THERAPY PER DAY	1	2,143.00
0471	01/27/2021	7910	8504136	OAE LIMITED 3 6 FREQUENCIES	1	392.00
0471	01/27/2021	7910	9054607	AUDITORY EVOKED POTENTIAL SCRN AUDITORY BRDBAND STIMULIA UTO ANALYSIS	1	509.00
0540	01/12/2021	7925	4500047	SPECIALTY CARE AMBULANCE TRANSPORT	1	5,349.00
0540	01/12/2021	7925	4500070	GROUND MILEAGE PER STATUTE MILE	53	1,590.00
0610	01/17/2021	7605	2064095	MAGNETIC RESONANCE SPECTROSCOPY	1	1,503.00
0611	01/17/2021	7605	2064145	MRIB RAIN INCLUDING STEM WITHOUT CONTRAST	1	1,845.00
0636	01/12/2021	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT - 10 UNITS)	50	15.00
0636	01/12/2021	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	1	15.00
0636	01/12/2021	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONI	1	15.00
0636	01/13/2021	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	01/13/2021	7955	636	SODIUM CHLORIDE 0.9 % SOLN 25 ML FLEX CONI	1	15.00
0636	01/13/2021	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	01/13/2021	7955	636	SODIUM CHLORIDE 0.9 % SOLN 25 ML FLEX CONI	1	15.00
0636	01/13/2021	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	01/13/2021	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	1	15.00
0636	01/13/2021	7955	636	SODIUM CHLORIDE 0.9 % SOLN 250 ML FLEX CONI	1	15.00
0636	01/13/2021	7955	636	SODIUM CHLORIDE 0.9 % SOLN 25 ML FLEX CONI	1	15.00
0636	01/14/2021	7955	636	SODIUM CHLORIDE 0.9 % SOLN 25 ML FLEX CONI	1	15.00
0636	01/14/2021	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	1	15.00
0636	01/14/2021	7955	636	SODIUM CHLORIDE 0.9 % SOLN 250 ML FLEX CONT	1	15.00

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Detail Bill for :

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Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0636	01/15/2021	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	1	15.00
0636	01/15/2021	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONT	1	15.00
0636	01/16/2021	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	1	15.00
0636	01/16/2021	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONT	1	15.00
0636	01/17/2021	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	1	15.00
0636	01/17/2021	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONT	1	15.00
0636	01/25/2021	7955	636	LIDOCAINE HCL 1 % INJ SOLN (BILLING UNIT - 10 MG)	1	15.00
0636	01/27/2021	7955	636	HEPATITIS B VAC RECOMBINANT 10 MCG/0.5ML INJ SUSP (BILLING UNIT - 0.5 ML)	1	73.00
0740	01/13/2021	7940	9050415	EEG CONT W/V IDEO, SETUP/EDUC/TAKEDOWN PERFORM BY EEG TECH	1	1,052.00
0740	01/13/2021	7940	9050415	EEG CONT W/V IDEO, SETUP/EDUC/TAKEDOWN PERFORM BY EEG TECH	1	1,052.00
0740	01/13/2021	7940	9051357	EEG W/VIDEO DATA TECH DESCRIPTION BY EEG TECH 12-26 HOURS;UNMONITR	1	2,019.00
0740	01/14/2021	7940	9051365	EEG W/VIDEO DATA TECH DESC EEG TECH 12-26 HOURS;INTERMITTENT MONITR & MONITR	1	2,019.00
0740	01/15/2021	7940	9051357	EEG W/VIDEO DATA TECH DESCRIPTION BY EEG TECH 12-26 HOURS;UNMONITR	1	2,019.00
0740	01/16/2021	7940	9050215	EEG W/VIDEO DATA BY EEG TECH 2-12 HOURS;UNMONITORED	1	1,052.00
<b>Total Charges</b>						<b>235,518.00</b>

#### Payments and Adjustments

Date	Description	Amount
03/03/21	Bcbs Adjustments	-104,193.16

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Attending Physician:K evin M Sullivan,M D

Admission Date:01/12/21  
Discharge Date:01/28/21

The guarantor is responsible for payment of all charges for physician or hospital services provided to patients for whom the guarantor has accepted responsibility which are not covered by the guarantor's health insurance plan, or for which the guarantor is responsible under the health insurance plan. You may receive multiple bills, some for physician services and others for hospital services. In the event of overpayment, Nemours will transfer overpaid funds to any of your subaccounts, hospital or physician that has an open balance, or if none, will refund the amount of overpayment to you.

**Nemours offers financial assistance to qualifying candidates based on economic need. To inquire about this program, please call the number listed at the bottom of this statement or visit our website at [www.Nemours.org](http://www.Nemours.org).**

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**For questions regarding this statement please call 1-866-390-3610. If you are calling from outside the United States we can be reached at (904) 697-3610.**