

NEWPATH MD
80 WEST WELSH POOL ROAD
SUITE 101S
EXTON, PA 19341-1225



0101

RETURN SERVICE REQUESTED

PAYMENT DUE: 04/17/2014
TAX ID#: 261538116
PATIENT NAME: DUKES, GUSSIE R
FOR QUESTIONS PLEASE CALL: 866-850-1212
PHONE PAYMENTS PLEASE CALL: 484-483-2745

DUKES, GUSSIE R
667 FLATWOODS RD
REEVESVILLE, SC 29471-4020

40699-45WM

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.		
CHECK CARD USING FOR PAYMENT		
MASTERCARD	DISCOVER	VISA
AMERICAN EXPRESS		
CARD NUMBER	SIGNATURE CODE	
SIGNATURE	EXP. DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
04/02/14	100.18	200001204 - 1 / BS
SHOW AMOUNT PAID HERE		\$

PAGE: 1

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EXTON, PA 19341-1225

40699-45WM*41P112TOX000001

☐ Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PROC CODE	DESCRIPTION	PROVIDER	LOCATION	AMOUNT	PATIENT BALANCE
03/12/13	99202	Balance Forward:			0.00	0.00
05/20/13		OFFICE OUTPATIENT NEW 20 MIN		0	198.46	35.30
05/20/13		BSCK BLUE SHIELD CHECK			-31.35	
05/20/13		BSDD BLUE SHIELD DEDUCTIBLE			17.46	
05/20/13		INDS INSURANCE DISALLOWANCE			-131.81	
03/12/13	20600	ARTHROCENTESIS ASPIR/INJECTI		0	122.84	5.63
05/20/13		BSCK BLUE SHIELD CHECK			-22.51	
05/20/13		INDS INSURANCE DISALLOWANCE			-94.70	
03/12/13	10060	INCISION DRAINAGE ABSCESS S		0	319.36	19.80
05/20/13		BSCK BLUE SHIELD CHECK			-79.20	
05/20/13		INDS INSURANCE DISALLOWANCE			-220.36	
03/12/13	J3301	INJECTION, TRIAMCINOLONE ACE		0	15.00	0.28
05/20/13		BSCK BLUE SHIELD CHECK			-1.12	
05/20/13		INDS INSURANCE DISALLOWANCE			-13.60	
03/26/13	99212	OFFICE OUTPATIENT VISIT 10 M		0	118.44	15.77
05/20/13		BSCK BLUE SHIELD CHECK			-23.12	
05/20/13		INDS INSURANCE DISALLOWANCE			-79.55	
03/26/13	11042	DEBRIDEMENT SUBCUTANEOUS TIS		0	329.36	23.40
05/20/13		BSCK BLUE SHIELD CHECK			-93.60	
05/20/13		INDS INSURANCE DISALLOWANCE			-212.36	
			CURRENT	PAST DUE	PATIENT DUE	
			100.18	0.00	100.18	

PLEASE PAY THIS AMOUNT

100.18

