

ACCOUNT NUMBER	STATEMENT DATE	DUE DATE
1234567	08/10/2017	08/20/2017

TOTAL PAYMENT DUE

\$28.54

Account Detail

PATIENT NAME: JAMIE L PENNY

AMOUNT DUE

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DATE	DESCRIPTION	AMOUNT CHARGED	AMOUNT PAID	AMOUNT ADJUSTED	GUARANTOR BALANCE
	Detail for TROY PRIMARY CARE - 937-991-3100				28.54
	Previous Balance Forward				
	Encounter #: 7654321				
	DATE OF SERVICE				
06/27/17	OFFICE/OUTPT VISIT,EST,LEVEL II	105.00			
07/12/17	INSURANCE PAYMENT - ANTHEM COMMERCIAL Deductible: 81.74		0.00		
07/12/17	CONTRACTUAL WRITE-OFF (INSURANCE) - ANTHEM COMMERCIAL				
08/07/17	INSURANCE PAYMENT - CIGNA Deductible: 17.73		-53.20		
		TOTAL CHARGES			
				HOW MUCH INSURANCE PAID	
					INSURANCE DISCOUNT
					AMOUNT DUE

TOTAL: \$28.54



Important Message:

If you have insurance, any claims filed are listed above. If not, prompt payment will help keep medical costs down. Thank you for entrusting your health care to us.



*Please detach and return bottom portion with your payment.

GUARANTOR NAME		ACCOUNT NUMBER	
JAMIE L PENNY		1234567	
STATEMENT DATE	BALANCE DUE	DUE DATE	AMOUNT PAID
08/10/2017	\$28.54	08/20/2017	
Credit Card Using For Payment			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Card Number		Amount	
Signature		Exp. Date	CW Code



3170 KETTERING BLVD BLDG B 3RD FLOOR
MORaine, OH 45439-1924
RETURN SERVICE REQUESTED

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

ADDRESSEE:

JAMIE L PENNY
1234 ANYWHERE STREET
SOMEWHERE US 12345-1234

MAKE CHECKS PAYABLE AND REMIT TO:

UPPER VALLEY PROFESSIONAL CORPORATION
PO BOX 932807
CLEVELAND OH 44193-2807