

MAKE CHECKS PAYABLE TO:

RIVERSIDE ANESTHESIA
1 RUTHERFORD ROAD STE 101
HARRISBURG PA 17109

ADDRESS SERVICE REQUESTED
BILLING QUESTIONS: MONDAY THRU FRIDAY
PLEASE PHONE: (877) 222-4217
HOURS: 9:00 AM - 6:00 PM EST

ADDRESSEE:

POBL9500200001 - 002217817



| DATE | BALANCE DUE | ACCOUNT NUMBER |
|------------|-------------|----------------|
| 03/23/2010 | \$359.98 | 66995544 |

SHOW AMOUNT PAID HERE \$

PAYING BY CREDIT CARD

VISA
 MasterCard
 DISCOVER

Card Number: _____
 Exp Date (mm/yy): _____ Signature Code: _____
 Signature: _____



REMIT TO:

RIVERSIDE ANESTHESIA
1 RUTHERFORD ROAD STE 101
HARRISBURG PA 17109

Please check box if above 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

KEEP THIS PORTION FOR YOUR RECORDS

IMPORTANT - Bill for Anesthesia and/or Pain Management Services

If you have already paid this balance, please disregard this bill. If indicated insurance information is incorrect or missing please submit using form on reverse side. If you receive the insurance payment, please forward to the above address. We have filed a claim with your insurance company, the remaining copay/balance is your responsibility. ** If you received insurance payment, please send the insurance payment plus explanation of benefits to the pay-to address above. ** Thank you.

PROFESSIONAL SERVICES

PRIMARY INSURANCE

SECONDARY INSURANCE

HEALTH CLAIMS

PO BOX 1001 WESTON - MI

POLICY : 66007700440

GROUP : 8800990066

POLICY :

GROUP :

| DATE | CODE | DESCRIPTIONS | CHARGES | CREDITS | BALANCE |
|------------|-------|--------------------------------------|---------|---------|---------|
| 01/15/2010 | 52310 | Anesthesia Service -- MAKI,MATTHEW D | 900.00 | | |
| 02/25/2010 | | COMMERCIAL ADJUSTMENT | | -403.47 | |
| 02/25/2010 | | APPLIED TO COINSURANCE | | | 15.17 |
| 02/25/2010 | | COMMERCIAL PAYMENT | | -136.55 | |
| 02/25/2010 | | APPLIED TO DEDUCTIBLE | | | 344.81 |

MAKE CHECK PAYABLE AND MAIL TO:

RIVERSIDE ANESTHESIA
1 RUTHERFORD ROAD STE 101
HARRISBURG PA 17109
PHONE: (877) 222-4217

PLEASE PAY THIS AMOUNT

\$359.98