

N Pointe Surg Ctr LP  
 170 NORTH POINTE BLVD.  
 LANCASTER, PA 17601

**RETURN SERVICE REQUESTED**

Patient Name: DOE, JANE F / 0012345  
 Billing Phone: (717)735-6650  
 Billing Fax: (717)735-6651  
 Billing Email: npscbilling@fixbones.com  
 To Pay Online Visit: www.npsc.fixbones.com

IF PAYING BY VISA, MASTERCARD OR DISCOVER, FILL OUT BELOW

<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER
CARD NUMBER	EXP. DATE	AMOUNT
SIGNATURE		MUST INCLUDE 3 DIGIT SECURITY CODE FROM BACK OF CARD

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
08/08/2013	\$464.83	0012345

CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT. SHOW AMOUNT PAID HERE \$

MAKE CHECKS PAYABLE / REMIT TO:

Stmt ID#: 383402259

95506-1

JANE F DOE  
 123 MAIN STREET  
 ANYTOWN, PA 17566

N Pointe Surg Ctr LP  
 170 NORTH POINTE BLVD.  
 LANCASTER, PA 17601



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

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT IN ENCLOSED ENVELOPE

Date	Description	Provider	Amount
07/22/13	ARTHRODESIS, GREAT TOE; METATARSOPHALANKEAL JOINT [HEALTHAMERICA]	SIEGER MD, D	6605.00
07/22/13	CONTRACTUAL ALLOWANCE [HEALTHAMERICA]		-1290.68
07/22/13	DEDUCTIBLE [Applied To: SELF PAY From: HEALTHAMERICA]		464.83
08/08/13	HEALTHAMERICA/HEALTHASSURANCE PAYMENT [HEALTHAMERICA]		-4849.49

THANK YOU FOR CHOOSING NPSC. YOUR BALANCE IS DUE AT THIS TIME. IF YOU HAVE ANY QUESTIONS PLEASE CONTACT THE NPSC BILLING OFFICE AT (717) 391-2488

In addition to this statement from North Pointe Surgery Center, you will also receive two separate bills for the same date of service from Orthopedic Associates of Lancaster, and Riverside Anesthesia Associates.

CURRENT 0-30 Days	Past Due 31-60 Days	Past Due 61-90 Days	Past Due 91-120 Days	Past Due 120+ Days
464.83	0.00	0.00	0.00	0.00

<b>TOTAL BALANCE</b>
1972.40

<b>DUE FROM PATIENT</b>
464.83

DOE, JANE F / 0012345

To begin receiving your statements electronically, please navigate to [www.patientnotebook.com](http://www.patientnotebook.com) to register. You will need your Statement ID (383402259) to complete the registration. Thank you.