

ORTHOPEDIC ASSOCIATES OF LANCASTER LTD
 170 North Pointe Blvd
 Lancaster, PA 17601-4132

For all billing questions, please call
 717-299-1928

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

VISA MASTERCARD DISCOVER

CARD NUMBER: _____

EXPIRY DATE: _____

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
03/19/2010	\$51.05	80504

CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT.

SHOW AMOUNT PAID HERE \$

ADDRESSEE:

0290-1

JANE Q. SAMPLE
 123 MAIN STREET
 ANYTOWN, USA 56789

MAKE CHECKS PAYABLE / REMIT TO:

ORTHOPEDIC ASSOCIATES OF LANCASTER LTD
 170 North Pointe Blvd
 Lancaster, PA 17601-4132



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 IN ENCLOSED ENVELOPE

Date	Description	Check #	Fee	Insurance	Patient
Jane Q. Sample (80504)/DAVID D SIEGER MD/454099					
Location: OAL Willow Street MRI					
12/18/2009	73721 Mri,Any Joint Lower Extremit		\$1132.00	\$1132.00	\$ 0.00
01/21/2010	BLUE SHIELD Adjustment from IRC Personal Choice		\$ 0.00	\$-621.50	\$ 0.00
01/21/2010	BLUE SHIELD Payment from IRC Personal Choice		\$ 0.00	\$-459.45	\$ 0.00
01/21/2010	Transfer from Insurance		\$ 0.00	\$-51.05	\$51.05
Your insurance has paid their portion, please remit the co-insurance amount now due. Thank you.					
Balance:				\$ 0.00	\$51.05

TO SCHEDULE AN APPOINTMENT OR FOR ANY NON-BILLING ISSUES PLEASE CONTACT (717) 299-4871

0-30	31-60	61-90	91-120	Over 120	Total Balance	Ins. Balance	Pat. Balance
\$ 0.00	\$51.05	\$ 0.00	\$ 0.00	\$ 0.00	\$51.05	\$ 0.00	\$51.05

Reflects transactions posted through 03/19/2010 for account # 80504
THANK YOU FOR YOUR PROMPT ATTENTION TO THIS BALANCE. IF YOU HAVE ANY QUESTIONS PLEASE CONTACT OUR BUSINESS OFFICE AT 299-1928.

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STATEMENT

SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION

