

PREMIER PHYSICIANS CENTERS

P O BOX 74692
Cleveland, OH 44194


FORWARDING SERVICE REQUESTED

Patient MELISSA
Last Payment: 03/25/02 15.00

|||||

JOHN DOE
225 ANY STREET
ANYTOWN US 12345-6789

Please check if address or insurance information
is incorrect and complete form on back.

Check Card Used and Fill In Below to Pay by Credit Card		
	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa
		
Card Number		Amount
Signature		Exp. Date
Statement Date 05/10/02	Pay This Amount \$15.00	Account # 37081
Payment Due Date 05/31/02	SHOW AMOUNT PAID HERE	\$

PREMIER PHYSICIANS CENTERS
P O BOX 74692
CLEVELAND, OH 44194

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Account #: 37081

Please Pay: \$15.00

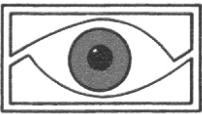
Due Date: 05/31/02

Date	Patient	Doctor	Description	Charges	Insurance Paid & Adj	Patient Paid	Balance
05/26/02	MELISSA	DASARI M.D.	OFFICE/OUTPATXEPIT VISIT, EST	75.00	60.00	.00	15.00
		DASARI M.D.	YOUR COPAY IS \$15.00		0.00		
05/06/02	MELISSA	DASARI M.D.	OFFICE/OUTPATIEP4T VISIT, EST	75.00	0.00	.00	75.00*
05/06/02	MELISSA	DASARI M.D.	URINE, MICROSCOPIC EXAM	8.00	0.00	.00	8.00*
05/06/02	MELISSA	DASARI M.D.	URINALYSIS NONAUTO W/O SCOPE	8.00	0.00	.00	8.00*
*Insurance Payment Pending							
A Word About Your Account					Total Balance		106.00
IF YOU HAVE ANY QUESTIONS PLEASE DO NOT HESITATE TO CALL AND SPEAK WITH ONE OF OUR ACCOUNT REPRESENTATIVES.					- Insurance Pending		91.00
					PATIENT DUE NOW		15.00
					Due Date		05/30/02

**Make Checks
Payable To:**

PREMIER PHYSICIANS CENTERS
P O BOX 74692
CLEVELAND, OH 44194

**FOR BILLING QUESTIONS CALL:
(440) 895-5005
Mon - Fri 9:00 am - 4:00 pm**



OPHTHALMOLOGY ASSOCIATES
OF NORTHWESTERN OHIO
5555 AIRPORT HIGHWAY, SUITE 110
TOLEDO, OH 43615

FORWARDING SERVICE REQUESTED



To Pay by Credit Card, Check Card & Fill Out Below.

- MasterCard
 Visa

Card Number		Amount
Signature		Exp. Date
Statement Date 01/02/04	Pay This Amount \$11.82	Account Number 123456
Payment Due Date 01/15/04	SHOW AMOUNT PAID HERE \$	



JOHN DOE
6015 FORD ROAD
ANYTOWN US 12345



OPHTHALMOLOGY ASSOC. OF NW OHIO
5555 AIRPORT HWY, SUITE 110
TOLEDO, OH 43615

Please check if address or insurance information
Is incorrect and complete form on back.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Account #: **123456**

Please Pay: **\$11.82**

Due Date: **01/15/04**

Date	Doctor	Description	Charges	Medicare Paid	Insurance Paid	Patient Paid	Balance Due
12/15/03	BENCZE	INTERMEDIATE EVAL-EST. PAT.	80.00	20.92	47.26	0.00	11.82
		* INSURANCE PENDING					
IMPORTANT MESSAGE REGARDING YOUR ACCOUNT						Total Balance:	\$11.82
THE CHARGES APPEARING ON THIS STATEMENT HAVE BEEN SENT TO YOUR INSURANCE COMPANY. THIS STATEMENT SHOULD BE USED TO VERIFY PAYMENT OF YOUR CLAIM, WHEN YOU RECEIVE THE "EXPLANATION OF BENEFITS".						PATIENT DUE NOW:	\$11.82
						Due Date:	01/15/04

Make Checks Payable To: **OPHTHALMOLOGY ASSOC. OF NW OHIO**

Submitted To:

Insured ID:

**For Billing Questions Call
(419) 123-4567
Monday-Friday 8:30am - 5:00pm**

Primary Insurance:

Secondary Insurance: