

VALLEY PHYSICIAN SERVICES INC
15 ESSEX ROAD
SUITE 506
PARAMUS, NJ 07652-1412



DO NOT SEND CREDIT CARD INFORMATION WITH THIS FORM

34035

To pay by credit card, please call our office.



002479 0101

STATEMENT DATE	PAY THIS AMOUNT BY CHECK	ACCT. #
02/28/2014	55.00	435358A5622
PAGE: 1 of 1		SHOW AMOUNT PAID HERE \$
652888B (PC1)		



CLAUDE SIMON
71 TONJES RD
CALICOON, NY 12723-5729



VALLEY PHYSICIANS SERVICES INC
PO BOX 11653
BELFAST, ME 04915-4007

Please check box if address or name is incorrect, OR if insurance information has changed, and indicate change(s) on reverse side.
PLEASE NOTE: This box MUST be checked for changes to occur.

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STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

MAKE CHECKS PAYABLE TO:
VALLEY PHYSICIANS SERVICES INC
PO BOX 11653
BELFAST, ME 04915-4007

FOR ACCOUNT QUESTIONS CALL:
201-291-6049
PAYMENT DUE UPON RECEIPT
PAGE: 1 of 1

DATE	DESCRIPTION	CHGS/CREDITS	OUTSTANDING
PATIENT: CLAUDE SIMON			
01/30/2014	HT MUSCLE IMAGE SPECT MULT PROVIDER: HOWARD GOLDSCHMIDT MD	\$ 1472.00	
02/21/2014	CREDIT INSURANCE ADJUSTMENT	\$ -952.46	
02/21/2014	CREDIT INSURANCE PAYMENT ACCORDING TO YOUR INSURANCE, PATIENT BALANCE DUE IS: PER YOUR INSURANCE, YOUR COINSURANCE WAS \$100.00 PATIENT BALANCE DUE - COINSURANCE	\$ -419.54 \$ 100.00	
	UNAPPLIED CREDIT	\$ -45.00	

PLEASE CALL (201)291-6114 IF MAKING PAYMENT BY CREDIT CARD.
THANK YOU.

2/8
4-8-14

THANK YOU FOR YOUR PROMPT PAYMENT.

CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS	TOTAL ACCOUNT BALANCE	INSURANCE PENDING	CURRENT BALANCE DUE
55.00	0.00	0.00	0.00	0.00	55.00	0.00	55.00

CLOSING

DATE: 02/28/2014

ACCOUNT

NUMBER: 435358A5622

7890

