



34035

DO NOT SEND CREDIT CARD INFORMATION WITH THIS FORM

To pay by credit card, please call our office.

STATEMENT DATE	PAY THIS AMOUNT BY CHECK	ACCT. #
02/28/2014	55.00	435358A5622

PAGE: 1 of 1

652888B (PC1)

SHOW AMOUNT PAID HERE \$



CLAUDE SIMON
71 TONJES RD
CALLICOON, NY 12723-5729



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

34035*T0D0LL20T000991

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
PATIENT: CLAUDE SIMON	

CHGS/CREDITS OUTSTANDING

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

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

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

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