

STATEMENT

PLEASE MAKE CHECKS PAYABLE TO:

ADVANCED DERMATOLOGY PC
6 LOWELL AVE
NEW HYDE PK NY 11040
(516) 326-4160 *ext: 108*

CLOSING DATE

04/03/14

ACCOUNT NUMBER

286770

DUE FROM PATIENT

19.61

Page

1

RESPONSIBLE PARTY:

VICKI SIMON
6 EDWARDS LANE
GLEN COVE NY 11542

CHARGES OR PAYMENTS MADE
AFTER CLOSING DATE WILL
APPEAR ON NEXT STATEMENT

AMOUNT ENCLOSED

☐ please check box if address is incorrect or insurance
has changed, and indicate change (s) on reverse side

Date	Description of Transaction	Doctor	Location	Charges	Receipts	Balance
07/31/13	DESTRUCTION PREMALIG	LANCE BARAZANI	3	96.48	76.87	19.61
	Check Payment from Medicare	76.87	09/17/2013			
	Medicare Adjustment	51.95	09/17/2013			
	Medicare Write-Off	1.57	09/17/2013			

5/8 4-19

Account Number:	286770	96.48	76.87	19.61
Service Performed At:		4 = Commack, 2 = Fr Meadows, 5 = N.Y., 11 = Ossining, 3 = Albertson, 7 = E.Setauk, 6 = W.Islip, 12 = Bayside, 10:Spa, 13 = Park Ave, 14 Park Slope, 15 = Briarcl		Due From Patient 19.61

**** WE ACCEPT CHECK, MONEY ORDER OR CREDIT CARD FOR PAYMENT ****

Credit Card # _____ Sec Code: _____ Exp Date: _____

Billing Zip Code: _____ Signature: _____

** Payment Due Upon Receipt * Thank You **

PLEASE NOTE WE NOW USE TELECHECK ELECTRONIC SERVICES.