

Patient Portal v230  
 15 Hulbert St  
 Auburn, NY 13021

BILL DATE	ACCOUNT NO	AMOUNT DUE
05/10/15	314	\$ 10.00
IF PAYING BY CREDIT CARD		AMOUNT ENCLOSED
		\$
CARD NUMBER	AUTHORIZATION CODE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (last 3 or 4 digits on back of card in signature line)	
SIGNATURE		EXP. DATE

BONNIE TEST  
 15 HULBERT STREET  
 AUBURN NY 13021

Patient Portal v230  
 15 Hulbert St  
 Auburn, NY 13021

Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

**STATEMENT**

Please check box if credit card billing address is different than statement address and write in address on back.

RETURN TOP PORTION • RETAIN LOWER PORTION

Please remit payment in full for the balance due within the next 30 days. If you are unable to pay the full balance, please contact the billing department to setup a payment plan. Thank you.

Appointment	Service Description	Charge	Payment	Adjust	Patient
04/28/15 - Bonnie	Doctor Test, M.D.				
	OFFICE VISIT EST LEVEL 3 99213 R05	50.00			5.00
	04/28/15 Check-Per Ck#123		15.00		
	05/10/15 AETNA Payment		25.00		
	05/10/15 Accept Assign Adj.			-5.00	
The 'PLEASE PAY' includes unpaid co-pay or co-ins. Please make payment.					
05/09/15 - Bonnie	Doctor Test, M.D.				
	OFFICE VISIT EST LEVEL 3 99213 R05	50.00			5.00
	05/09/15 Check-Per Ck#145		15.00		
	05/10/15 AETNA Payment		25.00		
	05/10/15 Accept Assign Adj.			-5.00	
The 'PLEASE PAY' includes unpaid co-pay or co-ins. Please make payment.					

LAST PAYMENT RECEIVED		Current	Over30	Over60	Over90	Over120	Patient
05/09/15	15.00	10.00	0.00	0.00	0.00	0.00	10.00



Patient Portal v230  
 15 Hulbert St  
 Auburn, NY 13021

Payment Due Upon Receipt

**PLEASE PAY THIS AMOUNT**  
 10.00

Office Ph: (315)-255-0900 Statement Date: 05/10/15 Acct#:314