Statement

PATIENT NAME
JOHN E DOE

BILL DATE	ACCT	AMOUNT PAID
05/06/2021	23456789	

IF PAYING BY CREDIT, FILL OUT BELOW.
CHECK CARD USED
[ ] MASTER CARD **[ ] VISA** **[ ] DISCOVER**

CARD NUMBER **AMOUNT PAID**

SIGNATURE: **EXP.DATE:**

AMOUNT ENCLOSED:

JOHN E DOE
123 MAIN STREET
NOWHERE, NY 54321

THIS IS A STATEMENT OF SERVICES RENDERED BY PHYSICIAN(S) WHO ARE MEMBERS OF:

AMS Physician Billing
571 ST JOSEPHS BLVD FL 2
ELMIRA NY 14901-3230
607-271-2050

DATE OF SERVICE	DESCRIPTION OF SERVICE			AMOUNT
04/21/2021	Claim:1234567, Provider: John Medlab, MD			
04/21/2021	Facility: AOMC Inpatient Services			
04/21/2021	99221 INITIAL HOSPITAL CARE-DA E&M LOW SEVERITY	249.00		
05/05/2021	BLUE SHIELD OF CNY Payment		104.30	
05/05/2021	BLUE SHIELD OF CNY Adjustment		129.70	
	Your Balance Due On These Services ...			15.00
04/22/2021	Claim:7654321, Provider: Clarence Medlab, MD			
04/22/2021	Facility: AOMC Inpatient Services			
04/22/2021	99232 SUBSEQUENT HOSP CARE-DA E&M MINOR COMPLIC	178.00		
05/05/2021	BLUE SHIELD OF CNY Payment		71.10	
05/05/2021	BLUE SHIELD OF CNY Adjustment		91.90	
	Your Balance Due On These Services ...			15.00

DATE	PATIENT NAME	ACCT. NO.	PAY THIS AMOUNT	
05/06/2021	JOHN E DOE	23456789		30.00

This is a statement for professional services rendered by your physician. You may receive a separate bill from the hospital for its services.

MAKE CHECK PAYABLE TO: ARNOT MEDICAL SERVICES PLLC

IMPORTANT MESSAGE REGARDING YOUR ACCOUNT