

MAKE CHECKS PAYABLE TO:

New York Medical Group
 PO BOX 202
 New York, NY 10002-0202

FOR BILLING INQUIRIES: 212-999-0000

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.
 CHECK CARD USING FOR PAYMENT

MASTERCARD
 DISCOVER
 VISA
 AMERICAN EXPRESS

CARD MEMBER		SIGNATURE CODE
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	PATIENT ACCT#
10/18/2013	\$65.00	12345
SHOW AMOUNT PAID HERE \$		



John Doe
 123 Main Street
 Anytown, US 12345-6789



New York Medical Group
 PO BOX 202
 New York, NY 10002-0202

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

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE OF SERVICE	CODE	DESCRIPTION OF SERVICE	CHARGES	PAYMENTS	BALANCE
10/10/13	XXXX4	OFFICE VISIT, 25 MINUTES	\$200.00	\$140.00	\$60.00
10/10/13	XXXX5	BLOOD DRAW	\$20.00	\$15.00	\$5.00
CURRENT	30-60 DAYS	60-90 DAYS	90-120 DAYS	120+ DAYS	AMOUNT DUE:
\$65.00					