

PSC

Radiology Group

PO Box 1234
Oaks, PA 19456

267

PAUL A. PATIENT
123 MAIN STREET
PHILADELPHIA, PA 19100-1234



A New Billing Statement for You!

We've redesigned our billing statement to provide complete, easy-to-read information that should answer your most frequent questions. It's all part of our continuing efforts to improve services for you!

Visit our web site at www.PSCRadiologyGroup.com

Statement Date

10/15/2007

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Account Summary

Account Number	99999999
Last Statement Balance	\$ 6.96
Patient Payments in Last 30 Days	\$ 0
Current Statement Balance	\$ 6.96
Charges Pending w/ Insurance	\$ 45.64
Total Account Balance	\$ 52.60

See Detail on Back

Insurance Information

PLEASE CONFIRM THAT INFORMATION IS CORRECT.

PRIMARY

Insurance	MEDICARE PART B
Address	
City/State/Zip	
Group/Plan	
ID Number	111111111

SECONDARY

Insurance	CIGNA HEALTHCARE/BOX 182654
Address	PO BOX 182654
City/State/Zip	COLUMBUS OH 43218-2654
Group/Plan	9999999
ID Number	22222222-22

About Your Statement

Sufficient payment towards your account has not been received. Please send the balance in full or contact our office to discuss payment arrangements. Your statement shows any insurance payments received. Call our automated inquiry system 24 hours a day at 610-555-5555 or 800-555-5555 for billing inquiries, to make a credit card payment or confirm a payment. You may also send us an email at accounts@pscradiologygroup.com. Thank You.

See Detail on Back



DETACH HERE AND RETURN

Payment for Professional Services

Statement Date: 10/15/2007

Patient	Account No.	Date Due	Amount Now Due	Amount Paid
PAUL A. PATIENT	99999999	11/05/2007	\$ 6.96	\$

Check here if your address or insurance information has changed. Please indicate changes on the back of this page.

For your convenience, you may pay by Visa, MasterCard, Discover, American Express, personal check or money order. **(Please do not send cash.)** Make checks payable to: **PSC Radiology Group**. If paying by credit card, indicate your credit card preference, provide the account information, and sign below.



Account No. _____

Expiration Date _____

Signature X _____

PSC Radiology Group
PO Box 1234
Oaks, PA 19456-1234



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