

PRIMARY CARE ASSOCIATES
 PO BOX 66759
 INDIANAPOLIS, IN 46266-6759

8286-0989

TEMP - RETURN SERVICE REQUESTED

0101

BILLING OFFICE HOURS
 MON - FRI (9 AM TO 4 PM)
 PHONE: 999-999-9999

ADDRESSEE:

JOHN PATIENT
 1234 MAIN ST
 ANYTOWN, USA 99999-9999

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

MASTERCARD
 DISCOVER
 VISA

CARD NUMBER _____ SIGNATURE CODE _____

SIGNATURE _____ EXP. DATE _____

STATEMENT DATE: 05/31/06 PAY THIS AMOUNT: _____ ACCT. #: 9999999

PAGE: 1 of 1

SHOW AMOUNT PAID HERE \$

300003A

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STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

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

DUE FROM INSURANCE		DUE FROM GUARANTOR		AGED BALANCE MESSAGE	
CURRENT:	100.11	CURRENT:	0.00	?	
+ 30 :	0.00	+ 30 :	0.00		
+ 60 :	0.00	+ 60 :	0.00		
+ 90 :	0.00	+ 90 :	0.00		
+ 120:	0.00	+ 120:	0.00		
TOTAL:	100.11	TOTAL:	0.00		

TICKET NO.	TRANS. DATE	DOCTOR	EXPLANATION	AMOUNT	TOTAL
			Previous Balance		343.58
C123456	05/12/06		DEDUCTIBLE AMOUNT:-K SMITH		
C123457	05/12/06		AETNA US HEALTHCARE-K SMITH		
C123456	05/15/06		MEDICARE PART B-K SMITH		-107.44
			DISALLOWANCE - MEDICARE		-178.45
C123567	05/15/06		W/O INCLUSIVE PROCEDURE-K SMITH		-16.00
		LOC.:	PRIMARY CARE-MERRILLVILLE		
C98765	05/19/06	0100	K SMITH		
		INS.	MEDICARE PART B :AETNA US HEALTHCARE		
	05/19/06		OFFICE-EXT PATIENT MODERATE	74.00	
			Total of Invoice		74.00
C654321	05/22/06		PERSONAL CHECK PAYMENT-K SMITH		-15.58
C13265	05/23/06		ELC A:1234567890000:0002-PRM-K SMITH		
?	?	?	?	?	?

STATEMENT DATE	SPECIAL MESSAGE	DOCTORS SEEN
05/31/06	EFFECTIVE 09-01-03 PRIMARY CARE ASSOC WILL NO LONGER BE A VOLUNTARY SPECIMEN COLLECTION SITE FOR QUEST DIAGNOSTICS.	0100-KIM SMITH
TOTAL BALANCE		?
100.11	DUE FROM PATIENT: 0.00 DUE FROM INSURANCE: 100.11	

