



Physician Clinics  
5450 Western Ave Suite B  
Boulder, CO 80301-2709



Billing Inquiries Call: 303-415-4766  
Billing Contact: Billing Department

99999

First Last Name  
1234 On A Street  
Somewhere Town, CO 00000-0000

Please circle card used	
Card Number	CVV Code
Signature	Exp. Date
Stmt Date: 01/21/2014 Stmt ID: 1111 Acct #: CM-00000	
Due Date: Upon Receipt	<b>Pay This Amount: \$35.00</b>

Page #: 1

Amount \$  
Paid \_\_\_\_\_



Community Medical Assoc. of BCH  
5450 Western Ave Suite B  
Boulder, CO 80301-2709



Date	Provider	CPT	Description	Amount	Insurance	Patient
<b>Patient Number: 00000</b>		<b>Patient Name: First Last Name</b>				
11/14/2013	Simonson, B. G.	99213 (1)	Office Visit, Established; Dx: 727.03	\$130.00	\$95.00	\$35.00
11/14/2013	Simonson, B. G.	20600 (1)	Drain/inject Small Joint/bursa; Dx: 727.03	\$90.00	\$90.00	\$0.00
11/14/2013	Simonson, B. G.	J3301 (2)	Kenalog 40 mg/ml; Dx: 727.03	\$10.00	\$10.00	\$0.00
11/14/2013	Simonson, B. G.	J1100 (2)	Dexamethasone 4 mg/ml; Dx: 727.03	\$10.00	\$10.00	\$0.00

***This statement represents the patient responsibility on your account. These charges are now due. Thank you!***

\* Insurance Filed

Last Patient Payment: \$0.00

Date:

**Total Account Balance: \$240.00**

**Insurance Pending: \$205.00**

**Pay This Amount: \$35.00**


<b>Aging Summary</b>					
	0 to 30	31 to 60	61 to 90	91 to 120	121 +
Pat:	\$35.00	\$0.00	\$0.00	\$0.00	\$0.00
Ins:	\$205.00	\$0.00	\$0.00	\$0.00	\$0.00







**Boulder Community Health**  
 Physician Clinics  
 5450 Western Ave Suite B  
 Boulder, CO 80301-2709



Billing Inquiries Call: (516) 773-7570  
 Billing Contact: Billing Department

99999  
  
 Mrs. Amancia Abrigo  
 177 Beverly Road  
 Hempstead, NY 11550

Please circle card used	
	
	
Card Number	CVV Code
Signature	Exp. Date
Stmnt Date: 01/21/2014    Stmnt ID: 26315    Acct #: CM-104538	
Due Date: Upon Receipt	<b>Pay This Amount: \$40.00</b>

Page #: 1

Amount \$  
 Paid \_\_\_\_\_



Community Medical Assoc. of BCH  
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 Boulder, CO 80301-2709



Date	Provider	CPT	Description	Amount	Insurance	Patient
<b>Patient Number: 104538</b>		<b>Patient Name: Mrs. Amancia Abrigo</b>				
01/09/2014	Steinvurzel, J. N.	99213 (1)	Office Visit, Established; Dx: 840.4	\$130.00	\$90.00	\$40.00

***This statement represents the patient responsibility on your account. These charges are now due. Thank you!***

<b>* Insurance Filed</b>	<b>Last Patient Payment: \$0.00</b>	<b>Date:</b>
<b>Total Account Balance: \$130.00</b>	<b>Insurance Pending: \$90.00</b>	<b>Pay This Amount: \$40.00</b>

<b>Aging Summary</b>					
	0 to 30	31 to 60	61 to 90	91 to 120	121 +
Pat:	\$40.00	\$0.00	\$0.00	\$0.00	\$0.00
Ins:	\$90.00	\$0.00	\$0.00	\$0.00	\$0.00

Our practice joined North Shore Health System on 11/11/13. If you have a balance due prior to this date, you will receive two separate statements for your total patient responsibility.