



# CONCORD EYE CARE, P.C.

Billing Office  
514 South Street, Bow, NH 03304  
Tel.: (603) 224-2020 Fax: (603) 227-9992

## STATEMENT

Page 1

Account#: 01234567  
REGULAR

CHECK HERE For Address Change

CHECK HERE For Insurance Change

CHECK HERE For



(See Reverse Side)

CIGNA U0123456

| PATIENT NAME                                    | BILLING DATE | PATIENT NUMBER | BALANCE DUE |
|---|--------------|----------------|-------------|
| Jack Smith<br>123 Main St.<br>Anytown, NH 03456 | 07/24/2006   | 01234567       | 35.00       |

DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

AMOUNT ENCLOSED \$

| PATIENT NAME | PATIENT NUMBER | YOUR PROVIDER       |
|--------------|----------------|---------------------|
| Jack Smith   | 01234567       | Dr. Ophthalmologist |

| DATE        | CPT   | DESCRIPTION                         | CHARGES | PAYMENTS/<br>ADJUSTMENTS | NET DUE |
|-------------|-------|-------------------------------------|---------|--------------------------|---------|
| Department: |       | MEDICAL DEPARTMENT                  |         |                          |         |
| Voucher:    |       | 9876543                             |         |                          |         |
| 07/11/2006  | 92015 | Refraction                          | 40.00   |                          |         |
| 07/11/2006  | 92014 | Comp Eye Examination, Estab Patient | 115.00  |                          |         |
| 07/11/2006  |       | Co-Pay                              |         | 5.00                     |         |
| 07/21/2006  |       | Insurance Payment                   |         | 100.00                   |         |
| 07/21/2006  |       | Insurance Adjustment                |         | 15.00                    |         |
|             |       |                                     |         |                          | 35.00   |



| TOTAL NOW DUE | INSURANCE PENDING | ACCOUNT TOTAL |
|---------------|-------------------|---------------|
| 35.00         | 0.00              | 35.00         |