Orthopaedic Associates
515 Read Street
Evansville, IN 47710

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3 Statement Date	03/01/18
4 Account Number	123456789
9 Payment Due Date	03/21/18
7 Amount Due	$ 44.00

2 Billing Questions? Call (812) 437-1444

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JOHN Q PATIENT
1234 ANY STREET
ANYTOWN, US 12345

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Statement - Orthopaedic Associates

Date	Patient	Description	Charges	Credits	Adjustments	Balance
01/15/18	JOHN Q PATIENT	PR OFFICE/OUT	150.00			20.00
12/28/18		INSURANCE PAYMENT		80.00		
12/28/18		WRITE-OFF			50.00	
12/28/18		INS FILED: MEDICARE-MEDICARE PART B				
01/15/18	JOHN Q PATIENT	DEXAMETHASONE	75.00			10.00
12/28/18		INSURANCE PAYMENT		40.00		
12/28/18		WRITE-OFF			25.00	
12/28/18		INS FILED: MEDICARE-MEDICARE PART B				
01/15/18	JOHN Q PATIENT	INJECTION,THE	75.00			14.00
12/28/18		INSURANCE PAYMENT		56.00		
12/28/18		WRITE-OFF			5.00	
12/28/18		INS FILED: MEDICARE-MEDICARE PART B				

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PLEASE DETACH AT THE PERFORATION AND MAIL THIS PORTION WITH YOUR PAYMENT

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

☐ VISA ☐ MASTERCARD ☐ DISCOVER

CARD NUMBER	3 DIGIT CODE	AMOUNT PAID
SIGNATURE		EXP. DATE
NAME: John Q Smith		STATEMENT ID: 4848049

AMOUNT DUE	ACCOUNT NUMBER	PAYMENT DUE DATE
$ 44.00	123456789	03/21/18

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To pay your bill, please go to: www.oaevansville.com/paymybill

Please remit payments to: 12

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Orthopaedic Associates
PO Box 328
Evansville, IN 47702-0328

1) Name and mailing address of person responsible for this bill (guarantor).
2) Customer Service phone number.
3) Date this bill was mailed.
4) Patient's Account number.
5) Name of patient to whom services were provided.
6) Date services were performed.
7) Total amount due at this time.
8) Description of all charges that have been posted to this account.
9) Payment due date.
10) Amount you are paying.
11) Website to pay your bill online.
12) If paying by check, please make payable To the name that appears here.
13) Information required if paying by credit or debit card.
14) Check this box if you are reporting a change to your address or insurance information, and provide the appropriate information on the reverse side of the stub.
15) Payment mailing address. Please mail your payment in the enclosed envelope.