

MAKE CHECKS PAYABLE TO:

Rockland Eye Physicians And Surgeons

171 Ramapo Road

Garnerville, NY 10923

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
04/28/10	\$6.72	15258
SHOW AMOUNT PAID HERE		\$

STATEMENT

ADDRESSEE:



Stony Brook, NY 10980

REMIT TO:

Rockland Eye Physicians And Surgeons

171 Ramapo Road

Garnerville, NY 10923

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

**PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT
PLEASE WRITE ENCOUNTER # ON PAYMENT**

DATE	DESCRIPTION OF SERVICE	AMOUNT	INSUR BALANCE	PATIENT BALANCE	BALANCE
10/05/09	ENCOUNTER 33331 FOR ANNE WITH CHEN MD, ROBERT				
10/05/09	92014 - EYE EXAM & TREATMENT	\$125.00		\$4.83	
10/27/09	Adjustment Medicare (PR2 (Coinsurance Amount Or 20%))	-\$4.29			
10/27/09	Payment Medicare (PR2 (Coinsurance Amount Or 20%))	-\$96.57			
11/30/09	United Payment (PR2 (Coinsurance Amount Or 20%))	-\$19.31			
10/05/09	2022F - Diabetes Dilation	\$0.00			
10/27/09	Adjustment Medicare	\$0.00			
10/27/09	Payment Medicare	\$0.00			
10/05/09	G8445 - No Rx Generated For Visit	\$0.00			
10/27/09	Adjustment Medicare	\$0.00			
10/27/09	Payment Medicare	\$0.00			
10/05/09	92015 - REFRACTION	\$30.00			
10/27/09	Adjustment Medicare (PR204 (Not Covered By Insurance))	\$0.00			
10/27/09	Payment Medicare (PR204 (Not Covered By Insurance))	\$0.00			
01/12/10	Patient Payment Check	-\$30.00			
10/05/09	92226 - SPECIAL EYE EXAM, SUBSEQUENT (QTY 2)	\$100.00		\$1.89	
10/27/09	Adjustment Medicare (PR2 (Coinsurance Amount Or 20%))	-\$52.70			
10/27/09	Payment Medicare (PR2 (Coinsurance Amount Or 20%))	-\$37.84			
11/05/09	United Payment (PR2 (Coinsurance Amount Or 20%))	-\$7.57			
	ENCOUNTER TOTAL	\$6.72	\$0.00	\$6.72	\$6.72

INSURANCE HAS PAID ITS PORTION

ACCOUNT NBR	CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS	TOTAL ACCOUNT BALANCE
15258	\$0.00	\$0.00	\$0.00	\$6.72	\$0.00	\$6.72

MESSAGE:

BILLING QUESTIONS AND INQUIRIES, PLEASE CALL TOLL FREE 1-877-293-1864.

PLEASE PAY THIS AMOUNT »»»»	\$6.72
------------------------------------	---------------

**** PAYMENT DUE UPON RECEIPT * THANK YOU **
STATEMENT**