

Dear Valued Patient

To better serve you, we have designed a new Patient Statement. Please take a moment to read the following explanation. The changes are outlined below. If you have any questions regarding this new statement format, please call our billing department at (631) 444-4800. Please retain a copy of your statement for future reference.

1 Telephone number of Billing office

SB Family Med Group
P.O. BOX 36298
Newark, NJ 07188-6298
(631) 444-4800

2 Insurance information on file

This is the current insurance information we have for your account.

PLEASE USE REVERSE SIDE FOR INSURANCE INFORMATION
CURRENT INSURANCE ON FILE:
MAGNACARE

PLEASE CALL OUR OFFICE FOR ADDRESS CORRECTION

JOHN SMITH
123 MAIN ST.
ANYWHERE, NY 10001

3 Invoice #

Invoice number(s) of recent activity.

INVOICE NUMBER: 16731582

4 Date(s) of service(s)

The date and description of services that were rendered.

DATE OF SERVICE	DESCRIPTION OF SERVICE	CHARGES	PAYMENTS	ADJUSTMENTS	PATIENT BALANCE
04/21/10	B-12	6.00			
04/21/10	INJECTION; SUBCUTANEOUS OR ESTABLISHED PATIENT OFFIC	40.00			
04/21/10	ON-SITE CREDIT CARD PYMNT	145.00			
04/27/10	MAGNACARE PMT/ADJUST		20.00		
07/12/10			92.09	61.52	
	BALANCE DUE:				17.39



5 Website Address to pay your bill on-line

PATIENT NAME: JOHN SMITH
BILL DATE: 08/02/10
ACCOUNT NO.: M123456
NEW BALANCE: 17.39
AMOUNT ENCLOSED:
To pay your bill online, please visit us at:
<http://www.stonybrookphysicians.com/pay/fam>
Your eStatement ID is: 1512R5

THIS BILL IS FOR PHYSICIAN SERVICES

PATIENT NAME: JOHN SMITH

ACCOUNT NO.: M123456
BILL DATE: 08/02/10

MESSAGE: YOUR INSURANCE PAYMENT HAS BEEN RECEIVED. THE BALANCE DUE IS YOUR CO-PAYMENT. PLEASE REMIT PAYMENT

6 Account No.

This is the number you will need to enter when paying your balance on-line

7 Message

The reason for the bill is indicated in this box.

8 Charges

The charge amount for the procedure.

9 Payments

The amount of any payments that were posted to the invoice.

10 Adjustments

The amount your account has been reduced because of an agreement with your insurance carrier or provider.

11 Patient Balance

The balance that is due from you for this invoice.

ONLY ONE CHECK PER STATEMENT BALANCE ALLOWED. TO AVOID MISALLOCATION OF PAYMENT, OTHER STATEMENT AND FAMILY MEMBER BALANCES CANNOT BE COMBINED.
PAYMENTS RECEIVED AFTER THIS DATE WILL APPEAR ON YOUR NEXT STATEMENT. PLEASE DISREGARD THIS NOTICE IF PAYMENT HAS BEEN MADE.
PAYMENT DUE UPON RECEIPT OF STATEMENT
MAKE CHECK PAYABLE TO:
SB FAMILY MED GROUP

PATIENT NAME: JOHN SMITH
BILL DATE: 08/02/10
ACCOUNT NO.: M123456
NEW BALANCE: 17.39
AMOUNT ENCLOSED:

IF PAYING BY VISA, MASTERCARD, DISCOVER OR AMERICAN EXPRESS FILL OUT BELOW

VISA MASTERCARD DISCOVER AMER. EXP.

CARD #/EXP. DATE: _____
SIGNATURE: _____
CARDHOLDER NAME: _____ ZIP CODE: _____

12 New Balance

Current balance due from you on your account.

00400000000000000040097300017393