



MPS Patient Statements:

<b>YOUR PRACTICE'S NAME</b> PO BOX 166 FAIRFAX STATION, VA 22039		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3">IF PAYING BY VISA OR MASTERCARD, FILL OUT BELOW</th> </tr> <tr> <td style="width:60%;"><input type="checkbox"/> VISA</td> <td style="width:20%;"><input type="checkbox"/> MASTERCARD</td> <td style="width:20%;"></td> </tr> <tr> <td>CARD NUMBER</td> <td>EXP. DATE</td> <td>AMOUNT</td> </tr> <tr> <td colspan="2">SIGNATURE</td> <td>MUST INCLUDE 3 DIGIT SECURITY CODE FROM BACK OF CARD</td> </tr> </table>		IF PAYING BY VISA OR MASTERCARD, FILL OUT BELOW			<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD		CARD NUMBER	EXP. DATE	AMOUNT	SIGNATURE		MUST INCLUDE 3 DIGIT SECURITY CODE FROM BACK OF CARD
IF PAYING BY VISA OR MASTERCARD, FILL OUT BELOW															
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD														
CARD NUMBER	EXP. DATE	AMOUNT													
SIGNATURE		MUST INCLUDE 3 DIGIT SECURITY CODE FROM BACK OF CARD													
For billing questions please call: (703) 249-8500		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>STATEMENT DATE</th> <th>PAY THIS AMOUNT</th> <th>ACCOUNT NO.</th> </tr> <tr> <td>06/09/2010</td> <td>\$22.65</td> <td>CAMUTO0000</td> </tr> </table>		STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.	06/09/2010	\$22.65	CAMUTO0000						
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.													
06/09/2010	\$22.65	CAMUTO0000													
<b>ADDRESSEE:</b>  MARY SMITH 1234 MAIN STREET FAIRFAX, VA 22030		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;">           CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT.         </td> <td style="width:50%; vertical-align: top;"> <b>SHOW AMOUNT PAID HERE</b> \$         </td> </tr> </table>		CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT.	<b>SHOW AMOUNT PAID HERE</b> \$										
CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT.	<b>SHOW AMOUNT PAID HERE</b> \$														
<b>MAKE CHECKS PAYABLE / REMIT TO:</b>  YOUR PRACTICE'S NAME PO BOX 166 FAIRFAX STATION, VA 22039 															
<input type="checkbox"/> Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.		<b>STATEMENT</b>													
		PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT IN ENCLOSED ENVELOPE													
DATE	PATIENT	REF#	DESCRIPTION	CHARGES	PMT/ADJ	BALANCE									
04/09/10	MARY	48573	Estab. pt. Office Visit 3	90.00											
04/28/10	MARY	48573	Insurance Payment		-47.75										
04/28/10	MARY	48573	Insurance Adjustment		-12.25										
04/09/10	MARY	48573	Chem 24, Comp. Metabolic Panel	30.00											
04/28/10	MARY	48573	Insurance Adjustment		-16.95										
04/09/10	MARY	48573	Hemoglobin A/C	45.00											
04/28/10	MARY	48573	Insurance Payment		-5.80										
04/28/10	MARY	48573	Insurance Adjustment		-32.85										
04/09/10	MARY	48573	Lyme Panel		0.00										
04/09/10	MARY	48573	Venipuncture; Routine	15.00											
04/28/10	MARY	48573	Insurance Adjustment		-11.75										
04/09/10	MARY	48573	Specimen handling	15.00											
04/28/10	MARY	48573	Insurance Adjustment		-15.00										
04/09/10	MARY	48573	Pt. Payment Check		-30.00										
<b>PATIENT RESPONSIBILITY -----&gt;</b>						<b>22.65</b>									
05/14/10	MARY	49185	Estab. pt. Office Visit 3	90.00											
06/04/10	MARY	49185	Insurance Payment		-47.75										
06/04/10	MARY	49185	Insurance Adjustment		-12.25										
05/14/10	MARY	49185	Pt. Payment Check		-30.00										
<b>PATIENT RESPONSIBILITY -----&gt;</b>						<b>0.00</b>									
05/20/10	MARY	49303	Estab. pt. visit, limited Level 2	75.00											
06/04/10	MARY	49303	Insurance Payment		-24.25										
06/04/10	MARY	49303	Insurance Adjustment		-20.75										
05/20/10	MARY	49303	Pt. Payment Check		-30.00										
<b>PATIENT RESPONSIBILITY -----&gt;</b>						<b>0.00</b>									
Current 0 - 30	Past Due 31 - 60	Past Due 61 - 90	Past Due 91 - 120	Past Due > 121	<b>PLEASE PAY</b>										
\$22.65	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$22.65</b>										
For billing questions, please call (703) 249-8500.															
<b>STATEMENT</b> SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION															
						88359-35									