

Jamison W Bohl 2009
 2542 Main Street
 Suite 205
 BOSTON MA 01010
 Return Service Requested

Office Telephone Number:
 (123) 456-7898
 Office Fax Number: (456) 456-4845

Please complete payment information.

Chart Number	Statement Date	Insurance Balance	Patient Balance
WEEE	02/12/2009	0.00	285.00
Credit Card	Select Card		
	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX		
Card No.	Exp. Date		
Signature		Amount Paid	
Check	Check No.	Amount Paid	

Make checks payable to:

Jamison W Bohl 2009
 2542 Main Street
 Suite 205
 BOSTON MA 01010

Check if your billing information has changed. Provide update(s) above or on reverse side

Please detach and return top portion with payment.

THANK YOU FOR YOUR PROMPT PAYMENT

Messages

- PLEASE NOTE THIS ACCOUNT IS EXTREMELY PAST DUE

Statement Detail			Statement Date 02/12/2009		Chart Number WEEE		
Date	Procedure	Description	Charges	Paid by Ins.	Paid By Pat	Adj.	Balance
01/17/08	99215	office visit	100.00	154.40	15.00	7.80	
08/15/08	99213	office visit	75.00				75.00
01/30/08	99213	office visit	75.00	5.00		15.00	55.00
05/28/08	99215	office visit	100.00	53.21	15.00	31.79	
08/15/08	99213	office visit	75.00				75.00
01/09/09	99214	office visit	75.00	52.34	15.00	7.66	
01/09/09	99254	Inpatient consultation for a new or esta	75.00				75.00

Account Summary	Last Pay Date	Last Pay Amount	Total Charges	Total Payments
	01/09/2009	15.00	377.20	-62.20

Insurance Balance	Patient Balance
0.00	285.00

Aging	1-30 Days	31-60 Days	61-90 Days	91-120 Days	121+ Days
	5.00	75.00	0.00	0.00	205.00

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