

**MAKE CHECKS PAYABLE TO:**

**Rockland Eye Physicians And Surgeons**

171 Ramapo Road

Garnerville, NY 10923

STATEMENT DATE 04/28/10	PAY THIS AMOUNT \$6.72	ACCOUNT NBR 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	<b>ENCOUNTER 33331 FOR ANNE WITH CHEN MD, ROBERT</b>					
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				
	<b>ENCOUNTER TOTAL</b>	<b>\$6.72</b>	<b>\$0.00</b>	<b>\$6.72</b>	<b>\$6.72</b>	
<b>INSURANCE HAS PAID ITS PORTION</b>						
<b>ACCOUNT NBR</b>	<b>CURRENT</b>	<b>30 DAYS</b>	<b>60 DAYS</b>	<b>90 DAYS</b>	<b>120 DAYS</b>	<b>TOTAL ACCOUNT BALANCE</b>
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.

<b>PLEASE PAY THIS AMOUNT</b> »»»»	<b>\$6.72</b>
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**\*\* PAYMENT DUE UPON RECEIPT \* THANK YOU \*\*  
STATEMENT**