QUINCY MEDICAL GROUP
Partnering for a Healthier Tomorrow

Customer Service Phone Hours:

Monday - Friday 8:00 a.m. - 5:00 p.m.
Phone: 217-222-6550, ext 3444

statement date + guarantor/account #

Statement Date: 09/30/15 Guarantor ID: 11111111

charges from your visit | insurance coverage | your pre-payment (co-pays) | remaining balance

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Patient: Doe, Jane (patient name)					**Account : 398531** (reference number for service)
Provider: Jonathan Smith, MD - Quincy Medical Group (provider name and location)					
Podiatry					
10/13/14 (date of service)	**Balance Forward**	**214.08**	**-108.00**		**106.08**
	Totals (totals from each line)	**214.08**	**-108.00**		**106.08**
Patient: Doe, Jane					**Account : 780032**
Provider: Jonathan Smith, MD - Quincy Medical Group					
Podiatry					
03/11/15	**Balance Forward**	**214.08**	**-108.00**		**106.08**
	Totals	**214.08**	**-108.00**		**106.08**
			Balance Due		**212.16** (balance due)

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PAYMENT PROCESSING CENTER
PO Box 505268
Saint Louis, MO 63150-5268

statement generated and sent from

☐ Please check box if address below is incorrect.
Indicate change(s) on reverse side.

amount due | due date

RETURN THIS PORTION WITH YOUR PAYMENT

guarantor/account #

Guar ID	Amt Due	Due Date	Amt Paid
11111111	**$212.16**	10/21/15	$

IF PAYING BY CREDIT CARD, PLEASE FILL OUT BELOW

MasterCard ☐ VISA ☐ DISCOVER NETWORK ☐ AMERICAN EXPRESS ☐

Card Number	Exp. Date
Full Name (Please print)	Signature

MAKE CHECKS PAYABLE TO:

QUINCY MEDICAL GROUP
PO BOX 505268
SAINT LOUIS, MO 63150-5268

payment processing center