

STATEMENT

Blue Ridge Radiology, P.C.

3053 West State Street
Bristol TN

Office Hours: 9
Phone: 423/968-2727

To pay with your credit card by mail, please fill in the information in it's entirety. Be sure to include the Security Code. The Security Code is a 3 digit code located on the back of your card; generally adjacent to the signature block.

CHECK CREDIT CARD USING FOR PAYMENT AND FILL OUT BELOW		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		
CARD NUMBER	AMOUNT	
NAME ON CARD (PLEASE PRINT)	EXP. DATE	
SIGNATURE	SECURITY CODE	
STATEMENT DATE 06/09/2009	ACCOUNT #	PAY THIS AMOUNT \$63.54

Patient:

Pay online at www.epayitonline.com

CodeID: **BLURID01** Access #:

Check payments accepted online or via phone.

AMOUNT PAID

MAKE CHECK PAYABLE & REMIT TO:

Blue Ridge Radiology, P.C.

3053 West State Street
Bristol TN 37620-1720

This line indicates the service(s) for which you are receiving the statement. The date represents the date of service, the code represents the CPT code that is used by most provider offices and insurance companies in order to accurately describe the service performed. The charge is the initial amount billed and the balance is the remainder left after all payments and adjustments have been made.

PLEASE CHECK BOX IF ABOVE ADDRESS IS INCORRECT AND INDICATE CHANGES ON BACK.

DETACH HERE AND RETURN THIS TOP PORTION WITH YOUR PAYMENT USING THE RETURN ENVELOPE ENCLOSED

DATE	POST DATE	CODE	DESCRIPTION OF SERVICE	CHARGE	PAYMENT	ADJ	BALANCE
02/19/09		73223	MRI, UP EXTREM JOINT W/O	\$265.00			\$21.77
	03/16/09		45 CHRGS EXCEED CONTRACT/LEGISLATED		\$97.48	\$125.75	
	04/22/09		PATIENT PAYMENT		\$10.00	\$0.00	
	05/29/09		PATIENT PAYMENT		\$10.00	\$0.00	
02/25/09		73220	MRI, UP EXTRM NO JOINT W/	\$225.00			\$41.77
	03/24/09		45 CHRGS EXCEED CONTRACT/LEGISLATED		\$97.48	\$85.75	

This line shows how much was paid and/or adjusted by your insurance company. The post date is the date that we actually posted the payment/adjustment to your account.

This line indicates patient payments.

The bottom portion of your statement indicates the total balance, as well as when payment is due. If you need assistance or need to make payments, please contact our patient account representatives to find out what your options are.

Please remit payment by 06/23/2009

Total Balance: \$63.54
Insurance Pending: \$0.00
AMOUNT DUE NOW: \$63.54

Patient:

Account Number:

Statement Date: 06/09/2009

Location: BRISTOL REGIONAL MED CTR

Primary Ins.: BCBS ANTHEM

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3053 West State Street
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Phone: 423/968-2727 IRS# 62-0817096