

(LOGO)

IF PAYING BY CREDIT CARD PLEASE FILL OUT BELOW:		
CHECK CARD USING FOR PAYMENT <i>We accept VISA and Mastercard only</i>		
CARD NUMBER		AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE 11/27/07	PAY THIS AMOUNT 25.82	ACCT.# 111111
AMOUNT PAID \$		

ADDRESSEE:

JOHN Q SAMPLE
1 MAIN ST
SUNNY CA 99999

Physicians-Pathologists

MELISSA L. BEAL, M.D.
CLARK E. McDONALD, M.D.
LAWRENCE KONICK, M.D.
MARK MAGILNER, M.D.
PENNY VANDERVEER, M.D.
DEBBIE WU, M.D.
PAMELA P. SMITH, M.D.

Phone (503) 585-5133
(800) 477-5133
Fed ID #93-0900038

RETURN UPPER PORTION WITH PAYMENT TO ASSURE PROPER CREDIT TO YOUR ACCOUNT

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RETAIN THIS LOWER PORTION FOR YOUR TAX RECORDS

PACIFIC PATHOLOGY ASSOCIATES, INC. • SALEM, OR • PHONE(503) 585-5133

(800) 477-5133

DATE	REFERRING PHYSICIAN	PATIENT NAME	CPT CODE	UNITS	SERVICE RENDERED	AMOUNT
05/18/07 PAYMENTS	CTORS, MD RECEIVED:	JOHN FROM INSURANCE -	88305 175.68	1.0 FROM YOU	785.6 1.77 LEVEL IV-SURGI	177.45
05/18/07 PAYMENTS	CTORS, MD RECEIVED:	JOHN FROM INSURANCE -	88342 147.63	1.0 FROM YOU	785.6 5.77 BALANCE OWING: TISS-IMMUNOCYT	.00 153.40
05/18/07 PAYMENTS	CTORS, MD RECEIVED:	JOHN FROM INSURANCE -	88184 17.98	1.0 FROM YOU	785.6 .00 BALANCE OWING: FLOWCYTOMETRY/	.00 19.98
05/18/07 PAYMENTS	CTORS, MD RECEIVED:	JOHN FROM INSURANCE -	88185 107.89	6.0 FROM YOU	785.6 .00 BALANCE OWING: FLOWCYTOMETRY/	2.00 119.88
05/18/07 PAYMENTS	CTORS, MD RECEIVED:	JOHN FROM INSURANCE -	88187 106.47	1.0 FROM YOU	785.6 .00 BALANCE OWING: FLOWCYTOMETRY/	11.99 118.30
					BALANCE OWING:	11.83

PLEASE
NOTE:

** PLEASE PAY TOTAL ACCOUNT BALANCE UPON RECEIPT OF THIS STATEMENT **

CURRENT	OVER 30 DAYS	60 DAYS	90 DAYS	120 DAYS & OVER	TOTAL ACCT.BAL.
25.82	.00	.00	.00	.00	25.82

CHARGES ABOVE ARE FOR LAB WORK REQUESTED BY YOUR DOCTOR AND ARE SEPARATE FROM HIS/HER BILL OR ANY HOSPITAL BILL
Account No. 11111

DUE
FROM
PATIENT

25.82