Patient:

ID#

Phone: 586-925-0627

Statement Date:

## **Payment Past Due**

### Hi , your balance of \$30.00 is past due.

This is your second statement, and 1 of your bills is now over 35 days past due. Your account is overdue; please pay this balance immediately.

#### Note From Your Practice

## Summary

Your insurance provider, has been billed for 1 service. The remaining copay balance is your responsibility.

Original Cost: \$177.00 Insurance Adjustment: -\$13.28

Insurance Paid: -\$133.72

Amount due: \$30.00

Questions? Call us at 586-421-8700 Reference your ID:

# Pay Online



Details on back >



Go to payment.athenahealth.com Enter your code:

View bill breakdown, see past payments, and print itemized receipts.



# Scan this code for quick access

Don't want to type your code? No problem. Scan this code with your phone to access your bills.

Prefer to pay by check? Detach the slip below and include your payment. No cash, stapled checks, or other paper. Thank you!



PO BOX 14099 BELFAST, ME 04915 Make check payable to: HENRY FORD CORNERSTONE MEDICAL GROUP

Patient Account #	Amount Due	Amount Paid		
	\$30			

	Card Number												Exp. Date				
Г																	
	□AMEX □ Discover □ Mastercard □VISA						Signature										

