

Key to important information on your statement:

- 1 Your account number.
- 2 The amount you owe now.
- 3 Where to pay your statement online.
- 4 Our telephone numbers and office hours.
- 5 Your charges for each visit.
- 6 Your payments and adjustments for each visit.
- 7 Important message about your account status.
- 8 Your account summary

Kelsey-Seybold Clinic
Districts Office, PO Box 840311, Dallas, TX 75284

CALL (713) 442-5500
 BILLING HOURS: 8:00 AM - 5:00 PM
 OFFICE HOURS: 8:00 AM - 1:00 PM AND 1:00 PM - 5:00 PM

PAYMENTS ARE DUE UPON RECEIPT OF THIS STATEMENT
If you need to change your address or update your insurance information, please do so via MyKelseyOnline or call 713-442-0000.

39 1 AV 0 350 6 MECH
125 WALK ST
 HURBLE, TX 77338

JOHN Q PUBLIC

Please detach and mail your payment to the address above. Payment information can also be made online at www.KelseyPay.com or www.MyKelsey.com.

STATEMENT DATE: 10/28/12

MIN: 99999999

AMERICAN EXPRESS DISCOVER MASTERCARD VISA

CARD NUMBER: _____

BILLING ADDRESS: _____

EXP DATE: _____

1	2	3
AMOUNT OWED	AMOUNT PAID	AMOUNT ENCLOSED
\$15.00	\$0.00	\$15.00

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STATEMENT OF PHYSICIAN SERVICES
(AS OF OCTOBER 28, 2012)

ACCT # **9999999 JOHN Q PUBLIC** PAGE 1

THE FOLLOWING INVOICES DESCRIBE OUTSTANDING CHARGES FOR SERVICES PROVIDED BY PHYSICIANS AT THE KELSEY-SEYBOLD CLINIC. THE LEFT SIDE DESCRIBES THE SERVICES PROVIDED AND THE CHARGES FOR EACH SERVICE. THE RIGHT SIDE DESCRIBES PAYMENT ACTIVITY AND THE AMOUNT YOU OWE.

CHARGES	PAYMENT ACTIVITY
VISIT NUMBER: 5	10/09/12 PATIENT PAYMENT..... \$15.00
PROVIDER: KEITH VASSALLO, MD (HURBLE) INTERNAL MEDICINE	10/26/12 CONTRACTUAL ADJUSTMENT..... \$294.01
REFERRED BY: ROSMARY SCHENPP, MD	10/26/12 INSURANCE PAYMENT..... \$1.08
10/09/12 OFFICE CONSULTATION/LEVEL 115..... \$180.00	10/26/12 INSURANCE..... \$126.12
10/09/12 AUTO HEMOGLOBIN/PLATELET/DIFF - 852..... \$17.00	10/26/12 INSURANCE..... \$15.79
10/09/12 VENTRICLE PROLAPSE/ECG - 8483/90..... \$5.00	AMOUNT DUE NOW..... \$15.00
10/09/12 ELECTROCARDIOGRAM, TRACING - 93005..... \$69.00	
10/10/12 ELECTROCARDIOGRAM REPORT - 93010..... \$40.00	
TOTAL: \$331.00	

KELSEY-SEYBOLD NOW OFFERS ONLINE STATEMENT AND BILLING! TO RECEIVE YOUR BILLING STATEMENT ONLINE, OR TO PAY YOUR BILL, PLEASE VISIT US AT WWW.KELSEYPAY.COM.

LABORATORY SERVICES THAT ARE INDICATED WITH A /90 MODIFIER ARE PURCHASED FROM LABORATORY OF AMERICA, 7207 N. GESSNER, HOUSTON, TX 77040

ACCOUNT BALANCE	INSURANCE	PATIENT OWES
\$15.00	\$0.00	\$15.00

THANK YOU FOR CHOOSING THE KELSEY-SEYBOLD CLINIC

KELSEY-SEYBOLD CLINIC

(713) 442-5500

TAX ID NO 76-0386391

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