

Person responsible for the bill and his/her billing number.

Where patient received service

STATEMENT DATE 12/12/11

GUARANTOR NUMBER **G987654321**

AVH SURGICAL ASSOCIATES

A DEPARTMENT OF AVH
59 PAGE HILL ROAD
BERLIN, NH 03570

**GUARANTOR BALANCE: 314.00

If a payment plan exists, the information will appear here.

** Please forward guarantor balance or your payment plan amount within 20 days of the statement date. If you do not have a payment plan arrangement listed above, please call 603-326-5653.

Enter payment amount enclosed

AMOUNT ENCLOSED \$ _____

JOHN Q. PUBLIC
123 ROCK RIDGE LANE
BERLIN, NH 03570

The Guarantor's name and address

For Credit Card Payment:
VISA/MC/AMEX/DCVR # _____

EXPIRATION DATE _____

SIGNATURE _____

Practitioners seen by patient

Service rendered

Guarantor's **PATIENT** number (different from Guarantor's Billing Number seen above)

Please indicate address change above.

<-- DETACH HERE -->

PLEASE CALL 603-326-5649 FOR INSURANCE QUESTIONS OR 603-326-5653 FOR PAYMENT PLAN QUESTIONS.

Guarantor Number: **G987654321**

Guarantor Name: JOHN Q. PUBLIC

Statement Date: 12/12/11

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Please make checks payable to ASA and mail to: ASA, 59 Page Hill Road, Berlin, NH 03570

DATE	* PHYSICIAN	DESCRIPTION	TOTAL AMOUNT	INS BALANCE	GUARANTOR BALANCE
10/03/11	Kardell	Y123456789 JOHN Q. PUBLIC ONABOTULINUMTOXINA INJ PER UNIT	224.00		
11/03/11		ASA ENT OFFICE PAYMENT ANTHEM BLUE CROSS OF NH TOTAL	0		224.00
09/13/11	Mudd CRNA-	OFFICE/OUTPATIENT CONSULTATION ASA AVH OUT/PAT	233.00		
11/14/11		PAYMENT ANTHEM BLUE CROSS OF NH	0		
12/12/11		ADJUSTMENT ANTHEM BLUE CROSS OF NH	-109.36		
12/12/11		PAYMENT ANTHEM BLUE CROSS OF NH TOTAL	-93.64		30.00
10/14/11	Barnard	Y876876876 LANCE Q. PUBLIC OFFICE/OUTPATIENT VISIT NEW	172.00		
12/08/11		ASA ORTHO ADJUSTMENT ANTHEM BLUE CROSS OF NH	-38.53		
12/08/11		PAYMENT ANTHEM BLUE CROSS OF NH TOTAL	-103.47		30.00
10/21/11	Barnard	OFFICE/OUTPATIENT VISIT ESTABLISHED ASA ORTHO	70.00		
12/08/11		ADJUSTMENT ANTHEM BLUE CROSS OF NH	-16.26		
12/08/11		PAYMENT ANTHEM BLUE CROSS OF NH TOTAL	-23.74		30.00

Total Balance Due by Guarantor

GUARANTOR BALANCE: 314.00

*ITEMS MARKED WITH AN ASTERISK HAVE BEEN BILLED TO YOUR INSURANCE COMPANY

PENDING WITH INSURANCE: 0.00

The guarantor balance is your responsibility. Payment of balance is due within 20 days of statement. Please call 603-326-5653 should you have any questions.

Customer Service Telephone Number

PATIENT AGED	CURRENT	30 DAYS	60 DAYS	90 DAYS	120+ DAYS	GUARANTOR BALANCE
BALANCES:	90.00	224.00				314.00

Amount 30 days past due