



5220 Summerlin Commons Blvd Ste 400
Ft Myers, FL 33907

For all billing questions, call: (239) 313-2517
Office Hours: M-F 8:00 am to 4:30 pm
**Save time! Pay or Schedule on-line 24/7
at www.riverchasedermatology.com**

John Doe
1234 South Street
Fort Myers, FL 33908



Amount Paid	Pay This Amount \$584.40	Account No. MM00***54****
Charges and credits made after statement date will appear on next statement		Statement Date 01/17/2023

Pay By Check / Remit To:

Riverchase Dermatology
P.O. Box 748501
Atlanta, GA 30374-8501



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Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

Patient: Doe, John

Invoice #: MM ****4

Date	Provider	Description	Charge	Payment	Adjustment	Insurance Pending	Patient Balance
07/11/2022	Lombardi, Milan MD Tampa Palms RCD	13131 - Cmplx RPR F/C/C/M/N/AX/G/H/F	\$872.00				
07/19/2022		BCBS Out of State Plans Commercial - Primary Patient Responsibility - 411.56		\$0.00	-\$460.44		\$411.56
07/11/2022	Lombardi, Milan MD Tampa Palms RCD	11442 - EXC FACE-MM B9+MARG 1.1-2 CM	\$430.00				
07/19/2022		BCBS Out of State Plans Commercial - Primary Patient Responsibility - 104.19		\$0.00	-\$325.81		\$104.19
07/07/2022	Davis, Karen PA-C Tampa Palms RCD	99202 - OFFICE VISIT NEW S/F	\$160.00				
07/19/2022		BCBS Out of State Plans Commercial - Primary Patient Responsibility - 68.65		\$0.00	-\$91.35		\$68.65
Total due from Patient							\$584.40
<i>Total due from insurance</i>							<i>\$0.00</i>

0-30 Days	31-60 Days \$584.40	61-90 Days	91-120 Days	+120 Days
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SECOND NOTICE - If prompt payment cannot be made please reach out to us to avoid further action. Unpaid balances will be sent to a collection agency.

Office Announcements:

To serve you better, we have recently upgraded our patient care systems. You may also receive a different statement for separate dates of service. Proud to be an AQUA Dermatology portfolio practice.

IF WE DO NOT HAVE YOUR INFORMATION, OR IF ANY OF THE FOLLOWING HAS CHANGED SINCE YOUR LAST STATEMENT, PLEASE INDICATE...

PATIENT INFORMATION

Your Name (Last, First, Middle Initial)		Date of Birth
Address		
City	State	Zip
Telephone		
()		
Social Security #		
Employer's Name		Telephone
()		
Employer's Address		
City	State	Zip
Please Indicate if Applicable:		Date of Injury
<input type="checkbox"/> AUTO ACCIDENT		
<input type="checkbox"/> WORKER'S COMPENSATION		

INSURANCE INFORMATION

Your PRIMARY Insurance Company's Name		
Primary Insurance Company's Address		
City	State	Zip
Policyholder Name	Date of Birth	Sex
Policyholder's ID Number	Group Plan Number	
Your SECONDARY Insurance Company's Name		
Secondary Insurance Company's Address		
City	State	Zip
Policyholder Name	Date of Birth	Sex
Policyholder's ID Number	Group Plan Number	

"DETACH HERE AND RETURN ABOVE STUB"

FREQUENTLY ASKED QUESTIONS

Your Statement

Why am I receiving this statement?

You are receiving this statement because either you or a dependent received services from a provider in our medical group. Services from providers that are not affiliated with our medical group are not included.

Why am I getting a bill from a provider whom I didn't see?

You may not meet all providers who assist with your care. For example, you may not have met the physician who supervises the nurse practitioner that assessed you, or the pathologist who reviewed your lab results.

Your Balance

Why don't I see my previous payment in this statement?

This statement includes only the outstanding charges on your account. If your previous payment was towards a charge that is no longer outstanding, you will see your previous payment and the closed charge on the first statement that is sent after the payment is processed, but not on subsequent statements.

Was my insurance billed and did they pay correctly?

If your insurance information was on file with our office, this statement reflects the contributions from your insurer. You should receive an explanation of benefits from your insurer explaining the remaining balance. Please contact your insurer if you have questions about your insurance eligibility, coordination of benefits, or why a service was not covered.

What do Copay, Deductible, Coinsurance, and Misc. next to my outstanding balances mean?

These terms indicate why you owe a balance and are related to your insurance coverage.

Copay - the set amount you must pay for a health care service.

Deductible - the amount you must pay for health care before your insurance benefits take effect.

Coinsurance - the percentage of health care costs you must pay once your insurer covers its share. Coinsurance typically goes into effect once the deductible has been reached.

Misc. - refers to other reasons you may owe a balance, such as a service not being covered by your insurer.

Why am I being billed twice for the same service?

If you received care in a hospital setting or clinic, you may be billed for both professional and facility fees, and you may see two charges for the same service. Professional fees are related to the time your caregiver spends treating you during your visit. Facility fees are for the use of the healthcare facility, equipment, supplies, and staff supporting your provider.

Making a Payment

How do I make payment?

Please see the reverse side of this statement for more information about payment methods.

What if I can't pay my balance?

If you are unable to pay your balance, please contact our office as soon as possible so that we can discuss payment arrangements with you.