

LOCATION: PORT AUSTIN CLINIC PT-0015 PAGE: 1

BILLING DATE: 09/19/16

PORT HOPE MI 48468

AMOUNT DUE : 40.00

BILL TO:

CHART #: PA3162

← Account Number

DATE	POS	PROC	DESCRIPTION	EST, I	CHARGES	CREDITS	BALANCE
06/21/16		99213	OFFICE/OUTPATIENT VISIT.	EST, I			
07/27/16			BCBS OF MICHIGAN #	Filed			
08/03/16			PMT BCBS OF MICHIGAN c#				
08/03/16			W/O BCBS OF MICHIG c#				
08/03/16			Co-ins				

If you cannot pay your balance in full, please call us to make payment arrangements. (989) 269-9521

CURRENT/30-60 DAYS/60-90 DAYS/ >90 DAYS/	TOTAL	INS	PENDING	TOTAL DUE
0.00 40.00 0.00 0.00	40.00		0.00	40.00

HURON MEDICAL CENTER PORT AUST  
1100 S VAN DYKE  
BAD AXE MI 48413

LOCATION : PORT AUSTIN CLIN

PHONE : 989 269 9521

REFERRING DOCTOR :