

Your Account Status

Your health insurance has been billed correctly and the remaining coinsurance is your responsibility.

Payment due

\$114.28

Upon Receipt

Choose a Payment Method



Pay Online
Recommended

Make a secure & easy payment online at
www.quickpayportal.com
QuickPay Code: **TKLG-18X3-Z7D-1PTG**



Mail Payment

Mail your payment with the coupon below.
Make checks payable to: PULMONARY ASSOCIATES OF SOUTHSIDE VIRGINIA, INC..

Questions? Have a question about your balance, or need to update your insurance information with us? Call **434-575-5864**.

Thank you for choosing PULMONARY ASSOCIATES OF SOUTHSIDE VIRGINIA, INC.

Thank you for your prompt payment.

Enjoy the ease & security of paperless statements and payments. Sign up today at <https://18733.portal.athenahealth.com/>

detailed summary >

Detach coupon below and return with your payment. Please include your account number on the check, and use the envelope provided for faster processing.

PULMONARY ASSOCIATES OF SOUTHSIDE VIRGINIA, INC.

PO BOX 14099
BELFAST, ME 04915

Account Number: 33752A18733

Due Date: Upon Receipt	Amt Due: \$114.28
Enter Amount Enclosed ->	

Note: If paying by check, please include this coupon & your acct no. on check

AB 01 141724 92364 B 460 A



MICHAEL T HARBUCK
130 ANDERSON ROAD
ROXBORO NC 27573-4556

Make checks payable to: PULMONARY ASSOCIATES OF SOUTHSIDE VIRGINIA, INC.



PULMONARY ASSOCIATES OF SOUTHSIDE VIRGINIA
ATTN # 24233Y
PO BOX 14000
BELFAST ME 04915-4033



Check box if insurance or patient information has changed. Please indicate changes on reverse side.

PULMONARY ASSOCIATES OF SOUTHSIDE VIRGINIA, INC.

Guarantor Name: **MICHAEL T HARBUCK**
 Patient Account #: **33752A18733**
 Statement Date: **08/21/2021**

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Charges	\$365.00
Previous Payments & Credits	\$250.72
Total Balance	\$114.28
Payment Due Upon Receipt	\$114.28

PROFESSIONAL FEES

Charges for services rendered by a provider, such as an examination or explanation of results.

Patient Name	Provider Name	Service Location
Michael Harbuck	Dr. James Witko	HOSPITAL - OP

Date	Description	Charge Status	Charges	Payments/ Credits	Patient Balance
08/01/2021	OBSERVATION CARE		\$255.00		
08/17/2021	Credit - Insurance Payment: BCBS-VA	PROCESSED		-\$123.09	
08/17/2021	Credit - Insurance Adjustment: BCBS-VA	PROCESSED		-\$49.85	
	<i>Patient Balance - COINSURANCE</i>				\$82.06
08/02/2021	OBSERVATION CARE DISCHARGE		\$110.00		
08/17/2021	Credit - Insurance Payment: BCBS-VA	PROCESSED		-\$48.35	
08/17/2021	Credit - Insurance Adjustment: BCBS-VA	PROCESSED		-\$29.43	
	<i>Patient Balance - COINSURANCE</i>				\$32.22
TOTAL PATIENT BALANCE					\$114.28



Any dispute regarding this statement or any amounts due must be submitted in writing to:
 P.O. Box 19000, Belfast, ME 04915-4085

Submitting payment in an amount less than the total on this statement shall not constitute an offer to settle any dispute, regardless of any accompanying communication.