

HOW TO READ YOUR STATEMENT

- 1 Credit Cards – We accept all major Credit Cards and Debit Cards including MasterCard, Visa, Discover, and American Express (See reverse side of statement)
- 2 Statement Date – The date the statement was created
- 3 Account Number – Please reference this number when contacting our office
- 4 Total Amount Due – Amount due from you for this statement
- 5 Name and Address of Guarantor/Responsible Party
- 6 Address Change – Check this box if the information has changed. (See the reverse side of the statement to update your information)
- 7 Remittance Header – Tear on the perforation and return the top portion of your statement with your payment. Keep the lower portion for your records.
- 8 eStatements – The link that provides information to register for online statements and to make payments online
- 9 Date – Date on which the service was provided
- 10 Provider – Provider who performed the services
- 11 Patient Name/Description – Name of the patient who received the services listed. Description of services provided
- 12 Insurance Pending – Amount of the charge waiting for your insurance to process
- 13 Charges and Debits – Charges and/or debits for this billing period
- 14 Payments and Credits – Payments and/or credits for this billing period
- 15 Amount Due – Balance Due at this time for each visit
- 16 Keep this portion of the statement for your records
- 17 Our contact information to inquire about financial assistance or ask questions about your account
- 18 Summary of balances on this billing statement
- 19 Billing Messages – Message regarding your account status



PO BOX 5010 MINOT, ND 58702 5010
ADDRESS SERVICE REQUESTED

If paying by one of these credit cards, please enter the information on the reverse side.

1				
2	STATEMENT DATE	ACCOUNT NUMBER	TOTAL AMOUNT DUE	
	12/29/16	3 XXX-XXXXXXX	4 \$265.00	
	PAGE NUMBER	Amount Enclosed \$		
	1 of 1			

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SUZY Q SUNSHINE
123 4TH ST SW
MINOT, ND 58701

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Check box if address is incorrect or has changed and indicate change(s) on reverse side.

MAKE CHECK PAYABLE TO:

TRINITY MEDICAL GROUP
PO BOX 5010
MINOT, ND 58702 5010



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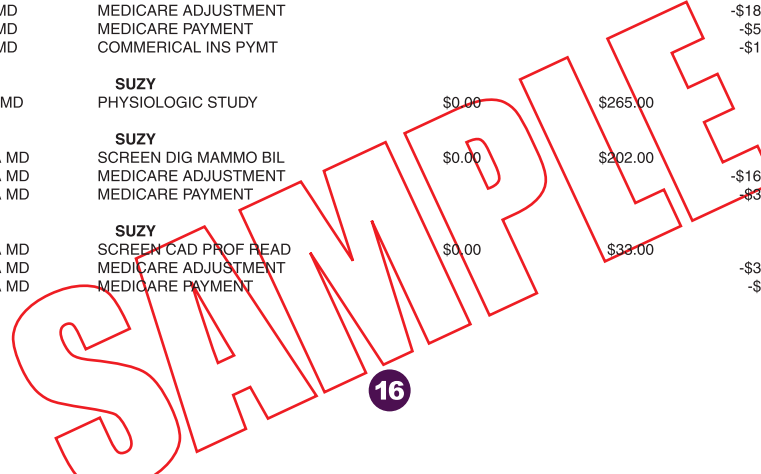
ONLINE ENROLLMENT NUMBER
99999999

CLINIC STATEMENT

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Please detach and return top portion with payment.

9 DATE	10 PROVIDER	11 PATIENT NAME / DESCRIPTION	12 INSURANCE PENDING	13 CHARGES AND DEBITS	14 PAYMENTS AND CREDITS	15 AMOUNT DUE
01/01/15		PREVIOUS BALANCE:	\$0.00			
		SUZY				
07/18/14	REPP MD	SURG PATH LEV 4	\$0.00	\$260.00		\$0.00
02/03/15	REPP MD	MEDICARE ADJUSTMENT			-\$184.90	
02/03/15	REPP MD	MEDICARE PAYMENT			-\$59.84	
02/19/15	REPP MD	COMMERCIAL INS PYMT			-\$15.26	
		SUZY				
02/02/15	LEWIS MD	PHYSIOLOGIC STUDY	\$0.00	\$265.00		\$265.00
		SUZY				
04/13/15	KAMBA MD	SCREEN DIG MAMMO BIL	\$0.00	\$202.00		\$0.00
05/15/15	KAMBA MD	MEDICARE ADJUSTMENT			-\$167.94	
05/15/15	KAMBA MD	MEDICARE PAYMENT			-\$34.06	
		SUZY				
04/13/15	KAMBA MD	SCREEN CAD PROF READ	\$0.00	\$33.00		\$0.00
05/15/15	KAMBA MD	MEDICARE ADJUSTMENT			-\$30.00	
05/15/15	KAMBA MD	MEDICARE PAYMENT			-\$3.00	



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You may be eligible for a **PROMPT-PAY DISCOUNT** if you pay your balance in full within 30 days of the statement date listed above. To receive the discount, please contact Business Services at (800) 477-1046 or 701-857-5105. Ofce Hours are Monday thru Friday 8:00am - 5:00pm CST.

STATEMENT DATE	12/29/16	PLEASE REFER TO THIS # WHEN INQUIRING ABOUT YOUR STATEMENT		➔ XXX-XXXXXXX
INSURANCE PENDING	CURRENT AMOUNT DUE	PAST DUE AMOUNT	18	TOTAL AMOUNT DUE
\$0.00	\$0.00	\$265.00		\$265.00

SEND INQUIRES/
PAYMENTS TO:

TRINITY MEDICAL GROUP
PO BOX 5010
MINOT, ND 58702 5010

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The 120 day delinquent balance will be sent to an outside collection agency in 10 days.

If you cannot pay the balance in full, have questions about your statement, or would like to discuss financial assistance options, please contact BusinessServices. (See contact information on the back of this statement.)