

ORTHOPEDIC ASSOCIATES OF LANCASTER LTD
 170 N POINTE BLVD
 LANCASTER PA 17601-4132

Pay your bill online and sign up for electronic statement
 delivery at [HTTPS://PAY.INSTAMED.COM/OAL](https://pay.instamed.com/oal)

For all billing questions, please call: 717-299-1928


 JOHN P PATIENT
 123 MAIN ST
 ANYTOWN, PA 12345-6789


IF PAYING BY VISA, MASTERCARD, DISCOVER OR AMERICAN EXPRESS, FILL OUT BELOW

<input type="checkbox"/> VISA  <input type="checkbox"/> MASTERCARD  <input type="checkbox"/> DISCOVER  <input type="checkbox"/> AMERICAN EXPRESS 		
CARD NUMBER	EXPI. DATE	AMOUNT
SIGNATURE		MUST INCLUDE 3 DIGIT SECURITY CODE FROM BACK OF CARD

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
01/12/12	\$XXX.00	0000000000

CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT. SHOW AMOUNT PAID HERE \$

MAKE CHECKS PAYABLE / REMIT TO:


 ORTHOPEDIC ASSOCIATES OF LANCASTER LTD
 170 N POINTE BLVD
 LANCASTER PA 17601-4132

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

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT IN ENCLOSED ENVELOPE

Date	Proc.	Proc. Description	Physician	Charge	Credit	Ins. Balance	Pt. Balance	
		Balance Forward for Account					\$XX.00	
		Detail for Patient: JOHN P. PATIENT						
10/06/11	73630	ORTHOPEDIC ASSOCIATES OF LANCASTER LTD X-RAY FOOT 3+ VN	DOCTOR, JOHN D	\$XX.00		\$XX.00	\$XX.00	
10/18/11		INSURANCE PAYMENT			\$XX.00			
10/18/11		INSURANCE ADJUSTMENT			\$XX.00			
10/06/11	99214	ORTHOPEDIC ASSOCIATES OF LANCASTER LTD OFFICE/OUTPT VISIT,EST,LEVL IV	DOCTOR, JOHN D	\$XX.00		\$XX.00	\$XX.00	
10/18/11		INSURANCE PAYMENT			\$XX.00			
10/18/11		INSURANCE ADJUSTMENT			\$XX.00			
		Current						
		30 Days						
		60 Days						
		90 Days						
		120 Days						
		Please Pay						\$XX.00
Patient		\$XX.00	\$XX.00	\$XX.00	\$XX.00	\$XX.00		
Insurance		\$XX.00	\$XX.00	\$XX.00	\$XX.00	\$XX.00		

TO SCHEDULE AN APPOINTMENT OR FOR ANY NON-BILLING ISSUES PLEASE CONTACT 717-299-4871

Your account is seriously past due and is being considered for placement with a collection agency. The patient balance is due upon receipt or contact the Business Office at (717) 299-1928 to discuss your account. Thank you.

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STATEMENT
 SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION