

STATEMENT

PLEASE MAKE CHECK PAYABLE TO

Pediatric Gastroenterology & Nutrition Associates
 3196 S Maryland Pkwy Ste 309
 Las Vegas, NV 89109-2314

<input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> Visa	
Card Number	Amount
Signature	Exp. Date
Statement Date	Paid Amount \$

RESPONSIBLE PARTY

Tiffani Hurst
 3116 Villa Colonade
 Las Vegas, NV 89128

STATEMENT DATE
07/31/2009
ACCOUNT NUMBER
26548
TOTAL ACCOUNT BALANCE
98.57
DUE FROM GUARANTOR
98.57

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

AMOUNT ENCLOSED

Date	Patient Name and Description	CHARGES	PROVIDER	OTHER INS RECEIPTS	GUARANTOR RECEIPTS	ADJUSTMENT	BALANCE	INS
02/12/09	MAYROSE HURST Patient Coinsurance	442.00	CR	173.51	0.00	237.88	30.61	
02/13/09	MAYROSE HURST Patient Coinsurance	166.00	CR	70.56	0.00	82.99	12.45	
02/14/09	MAYROSE HURST Patient Coinsurance	442.00	CR	173.51	0.00	237.88	30.61	
02/15/09	MAYROSE HURST Patient Coinsurance	166.00	CR	70.56	0.00	82.99	12.45	
02/16/09	MAYROSE HURST Patient Coinsurance	166.00	CD	70.56	0.00	82.99	12.45	

Payment Summary

02/02/09 Charge Payment received	20.00
02/17/09 Payment - BCBS	209.52

ACCOUNT SERIOUSLY OVERDUE
 Remit payment in full to prevent collections.

Current	31 - 60 DAYS	61 - 90 DAYS	91 - 120 DAYS	Over 120 Days
0.00	0.00	0.00	0.00	98.57

ACCOUNT BALANCE	INSURANCE PENDING	DUE FROM GUARANTOR
98.57	0.00	98.57

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Payment Summary

02/23/09 Charge Payment received	20.00
03/06/09 Payment - BCBS	94.76
03/19/09 Payment - BCBS	173.51
04/01/09 Payment - BCBS	385.19
07/20/09 Payment - BCBS	453.15

Current	31 - 60 DAYS	61 - 90 DAYS	91 - 120 DAYS	Over 120 Days
0.00	0.00	0.00	0.00	98.57

ACCOUNT BALANCE	INSURANCE PENDING	DUE FROM GUARANTOR
98.57	0.00	98.57