PO BOX 4246 CAROL STREAM, IL 60197

ZOE ZOTEC 11460 N. MERIDIAN ST. CARMEL, IN 46032







For Payments Please Call: 800.822.7690 For Billing Questions Please Call: 800.822.7695

Account Number Amount Due Statement Date 658-QFLRI

\$468.00 01/24/13

Date Due Upon Receipt

STATEMENT

Account Summary

Account Number	658-QFLRI
Patient Payments in Last 30 Days	0.00
Current Statement Balance	640.00
Charges Pending w/ Insurance	172.00
Total Account Balance	468.00

See Detail on Back

Insurance Information

PLEASE CONFIRM THAT INFORMATION IS CORRECT TO UPDATE GO TO www.ezmedinfo.com/flri

PRIMARY

Insurance	FIDELIS CARE OF NY		
Group/Plan			
ID Number	74206229400		
SECONDARY			
Insurance			
Address			
City/State/Zip			
Group/Plan			
ID Number			

New & Improved Online Experience



Go Green

www.ezmedinfo.com/flri

Pay Online | Update Info

Gain the power to pay your bill or update your information at your convenience 24 hours a day. This not only benefits the environment it benefits you and your time!

About Your Statement

Our records indicate there is still an outstanding balance on this account. Please go online and make a payment. If you have insurance and your statement does not reflect your insurance information or that the claim has been filed please go online and make sure we have your correct insurance information. You can also call our automated phone system 24 hours a day at the number listed above to make a payment or update your insurance. Thank you!

See Statement Details on Back





Radiology Imaging PO BOX 4246 CAROL STREAM, IL 60197

Patient Name: ZOE ZOTEC Invoice Number: 2225832 Billing Questions: 800.822.7695

Please Pau STATEMENT DATE **PAY THIS AMOUNT** ACCOUNT NO. 01/24/13 \$468.00 658-QFLRI SHOW AMOUNT \$ CHARGES AND CREDITS MADE AFTER PAID HERE

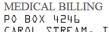
ըկիվենկ**ինիկ**իրիկիններովնին կարույլին կողենիկին ₁₄₂₉₋₁



ZOE ZOTEC 11460 N. MERIDIAN ST. CARMEL, IN 46032

02225832000468000000000065800005

MAKE CHECKS PAYABLE / REMIT TO:



CAROL STREAM, IL 60197

Pay Online: www.ezmedinfo.com/flri

Summary of Service Charges

DATE	PROC CODE	UNITS	DETAILS OF SERVICES	CHARGES	PAY/ ADJ	INSUR. PENDING	PATIENT BALANCE
Patient: ZC	E ZOTEC	,	s	Services Were Provided at: COM		rred By: V. SUBI SPITAL OP	
09-26-12	72131	1	CT LUMBAR SPINE W/O DYE	234.00		0.00	234.00
10-04-12			FILED PRIMARY TO FIDELIS CARE OF NY (FI184)				
12-23-12			GUARANTOR RESPONSIBILITY DATE (ChargeID: 2207073)				
09-26-12	72125	1	CT NECK SPINE W/O DYE	234.00		0.00	234.00
10-04-12			FILED PRIMARY TO FIDELIS CARE OF NY (FI184)				
12-23-12			GUARANTOR RESPONSIBILITY DATE (ChargeID: 2207074)				
Patient: ZO	E ZOTEC		Referred By: V. S Services Were Provided at: COMMUNITY HOSPITAL OP				li .
07-30-12	70450	1	CT HEAD/BRAIN W/O DYE	172.00	·	172.00	0.00

Current	31-60 Days	61-90 Days	Over 90 Days
\$172.00	\$468.00	\$0.00	\$0.00

PAYMENT DUE: BALANCE DUE:
Upon Receipt \$468.00

WE HAVE FILED YOUR INSURANCE. YOU ARE NOW RESPONSIBLE FOR THE BALANCE OF THIS ACCOUNT.

PO BOX 4246 CAROL STREAM, IL 60197 800-822-7691 Tax ID: 412007905

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

Patient Statement For: ZOE ZOTEC

Statement Date 01/24/13 Account Number 658-QFLRI

STATEMENT
SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION