

PO BOX 4246  
CAROL STREAM, IL 60197



# EZ Ways To Pay...

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

@ **Online**  
www.ezmedinfo.com/flri

📞 **Automated Attendant**  
800.822.7691 (24 hours a day)

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

Account Number	Amount Due	Statement Date	Date Due
658-QFLRI	\$468.00	01/24/13	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](http://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](http://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



1429-1



Radiology Imaging  
PO BOX 4246  
CAROL STREAM, IL 60197



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

Please Pay!

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
01/24/13	\$468.00	658-QFLRI

CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT.

SHOW AMOUNT PAID HERE \$

#### MAKE CHECKS PAYABLE / REMIT TO:

MEDICAL BILLING  
PO BOX 4246  
CAROL STREAM, IL 60197



1429 - 1

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

0222583200046800000000000065800005

Pay Online: [www.ezmedinfo.com/flri](http://www.ezmedinfo.com/flri)

101194



DATE	PROC CODE	UNITS	DETAILS OF SERVICES	CHARGES	PAY/ ADJ	INSUR. PENDING	PATIENT BALANCE
------	-----------	-------	---------------------	---------	----------	----------------	-----------------

Patient: **ZOE ZOTEC**

Referred By: V. SUBI  
Services Were Provided at: COMMUNITY HOSPITAL OP

<b>09-26-12</b>	<b>72131</b>	<b>1</b>	<b>CT LUMBAR SPINE W/O DYE</b>	<b>234.00</b>		<b>0.00</b>	<b>234.00</b>
10-04-12			FILED PRIMARY TO FIDELIS CARE OF NY (F1184)				
12-23-12			GUARANTOR RESPONSIBILITY DATE (ChargeID: 2207073)				

<b>09-26-12</b>	<b>72125</b>	<b>1</b>	<b>CT NECK SPINE W/O DYE</b>	<b>234.00</b>		<b>0.00</b>	<b>234.00</b>
10-04-12			FILED PRIMARY TO FIDELIS CARE OF NY (F1184)				
12-23-12			GUARANTOR RESPONSIBILITY DATE (ChargeID: 2207074)				

Patient: **ZOE ZOTEC**

Referred By: V. SUBI  
Services Were Provided at: COMMUNITY HOSPITAL OP

<b>07-30-12</b>	<b>70450</b>	<b>1</b>	<b>CT HEAD/BRAIN W/O DYE</b>	<b>172.00</b>		<b>172.00</b>	<b>0.00</b>
-----------------	--------------	----------	------------------------------	---------------	--	---------------	-------------

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

<b>PAYMENT DUE:</b> Upon Receipt	<b>BALANCE DUE:</b> \$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**