Do not send mail to below address. For USPS use only.
P. O. Box 1259, Dept. 92667
Oaks, PA 19456

For more information about your statement, contact Patient Accounts at 1-800-709-2715, or visit our website at www.patientaccounts.net

MOST MAJOR CREDIT CARDS ACCEPTED
To pay via credit card please call 1-800-709-2715or
Pay online at www.patientaccounts.netand use
Access Code: FP897

Statement Date	Pay This Amount	Account #
07/16/2012	$1,365.00	71265382
Payment Due Date	SHOW AMOUNT $ PAID HERE	
08/13/2012		

95156-1225

PAUL DULBERG
4606 HAYDEN CT
MCHENRY IL 60051-7918

Northwest Suburban Anesthesiologist Ltd
8163 Solutions Center
Chicago IL 60677-8001

☐ Please check if address or insurance information is incorrect and complete form on back.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Pay online at www.patientaccounts.netand use Access Code: FP897

Account #: 71265382 **Please Pay: $1,365.00** **Due Date: 08/13/2012**

Date				
	Anesthesiology Services by Dr. S. SINGH for Dr. S. Sagerman			
07/09/2012	CPT Code: 64718 Billed To Patient	13180035		$1,365.00

ACCOUNT CONDITIONS	CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS
	$1,365.00	$0.00	$0.00	$0.00	$0.00

IMPORTANT MESSAGE ABOUT YOUR ACCOUNT
This is a bill for services not included on your Hospital bill.
Please call our office with questions concerning your bill.
If payment has been made please disregard this bill. Thank you.

Total Balance	$1,365.00
Insurance Pending	$0.00
Amount You Owe	$1,365.00

Make Checks Payable To: Northwest Suburban Anesthesiologist Ltd
Call 1-800-709-2715

For Billing Questions Call
1-800-709-2715 (En Español 1-888-850-1446)
Mon - Fri 8:00AM to 7:30PM ET

95156-1225