\$2652.00

SOUTH MISSISSIPPI SURGEONS PA 2525 TELEPHONE RD PASCAGOULA, MS 39567-3202

02/22/2018	\$3681.33	12690
STATEMENT DATE	PAYTHIS AMOUNT	ACCT.#
SIGNATURE		EXP. DATE
CARD NUMBER		SIGNATURE CODE
	STERCARD	VISA VISA
CH	ECK CARD USING FOR PAYME	NT
11 L 24 L 11 A 2 L E2 L II		



PAYMENT DUE BY: 03/09/2018

FOR BILLING INQUIRIES, PLEASE CALL: 228-762-4483 EXT 231.

PAGE: 1 of 7

SHOW AMOUNT PAID HERE

200002A

MARK P MILLER 4500 SCARLET OAKS DRIVE GAUTIER, MS 39553-4918

ել||-լլլեն||լ|-ուհորկըչ-||||-հետգովիլ-հետա|-հորդ||-ինիվո_ւ SOUTH MISSISSIPPI SURGEONS PA 2525 TELEPHONE RD PASCAGOULA, MS 39567-3202

31090-39AF*T4Z0LOE9W000067

STATEMENT

31090-39AF

DATE	CPT		DESCRIPTION	١			FEE	UNITS	FEE	TOTAL	INSURANCE	PATIENT
Mark P M	ller		SMS3501	108	Patrici	a Lewis	NP	Si	nging	River	Hospital	_
12/05/2017	99183	Physicia	n attendance an	d supe	rvision of		510.00	1.00	5	10.00	510.00	0.00
01/19/2018		Disallow	ed Adjustment f	rom Lo	ckard and		0.00	.00		0.00	0.00	0.00
01/19/2018		Payment	from Lockard an	d Will	iams SRHS		0.00	.00	İ	0.00	-408.00	0.00
01/19/2018		Transfer	from Insurance				0.00	.00	:	0.00	-102.00	102.00
		This bal	ance is your co	pay/co	insurance,					ļ		
		please r	emit.								ļ	
							ľ			. 1	0.00	102.00
Mark P M	ller		SMS3501	L09	Patrici	a Lewis	NP	Si	nging	River	: Hospital	
12/06/2017	99183	Physicia	n attendance an	d supe	rvision of		510.00	1.00	5	10.00	510.00	0.00
01/19/2018		Disallow	ed Adjustment f	rom Lo	ckard and		0.00	.00		0.00	0.00	0.00
01/19/2018		Payment	from Lockard an	d Will	iams SRHS		0.00	.00		0.00	-408.00	0.00
01/19/2018		Transfer	from Insurance				0.00	.00		0.00	-102.00	102.00
		This bal	ance is your co	pay/co	insurance,							
		please r	emit.				ŀ					
											0.00	102.00
Mark P M	ller		SMS3510	060	Patrici	a Lewis	NP	Si	nging	River	Hospita	•
12/14/2017	99183	Physicia	n attendance an	d supe	rvision of		510.00	1.00	5	10.00	510.00	0.00
01/22/2018		Disallow	ed Adjustment f	rom Lo	ckard and		0.00	.00		0.00	0.00	0.00
01/22/2018		Payment	from Lockard an	d Will	iams SRHS		0.00	.00		0.00	-408.00	0.00
01/22/2018		Transfer	from Insurance				0.00	.00		0.00	-102.00	102.00
		This bal	ance is your co	pay/co	insurance,							
		please r										
SAVE TIM				' mon	thly payn	nent auto	matically	∤ deduc	ted fro	m yo	ur bank ad	count.
Sign_up to	day and	receiv	e a 10% disc	ount	on your b	alance.	Call Ann	ette, Ja	ckie or	· Eles	na at 📗	
228-762-4	183 .							·			Į	

\$.00

\$.00

\$3681.33

Reflects transactions posted through 02/22/2018

\$.00

\$1029.33

DUE FROM PATIENT CONTINUED

\$.00



\$2652.00

SOUTH MISSISSIPPI SURGEONS PA 2525 TELEPHONE RD PASCAGOULA, MS 39567-3202

31090-39AF

IF PAYING BY MASTERCARD OR VISA, FILL OUT BELOW.

CHECK CARD USING FOR PAYMENT

MASTERCARD

MASTERCARD

SIGNATURE

STATEMENT DATE

PAYTHIS AMOUNT

02/22/2018

\$3681.33

12690



PAYMENT DUE BY: 03/09/2018

Please check box if address is incorrect or insurance

FOR BILLING INQUIRIES, PLEASE CALL: 228-762-4483 EXT 231.

PAGE: 2 of 7

SHOW AMOUNT \$ 200002A

31090-39AF*T4Z0LOE9W000067

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

☐ information has changed, and indicate change(s) on reverse side. DATE CPT DESCRIPTION FEE UNITS FEE TOTAL INSURANCE PATIENT 0...00 102.00 Mark P Miller SMS351062 Patricia Lewis NP Singing River Hospita. 12/13/2017 99183 510.00 Physician attendance and supervision of 1 00 510.00 510.00 0.00 01/22/2018 Disallowed Adjustment from Lockard and 0.00 .00 0.00 0.00 0.00 01/22/2018 Payment from Lockard and Williams SRHS 0.00 .00 0.00 -408.00 0.00 01/22/2018 Transfer from Insurance 0.00 .00 0.00 -102.00 102.00 This balance is your copay/coinsurance, please remit. 0.00 102.00 Mark P Miller SMS351063 Patricia Lewis NP Singing River Hospita. 510.00 12/12/2017 99183 Physician attendance and supervision of 1.00 510.00 510,00 0.00 01/22/2018 Disallowed Adjustment from Lockard and 0.00 .00 0.00 0.00 0.00 01/22/2018 Payment from Lockard and Williams SRHS 0.00 .00 0.00 -408.00 0.00 01/22/2018 Transfer from Insurance 0.00 .00 0.00 -102.00 102.00 This balance is your copay/coinsurance, please remit. 0.00 102.00 Mark P Miller SMS351064 Patricia Lewis NP Singing River Hospital 12/11/2017 99183 Physician attendance and supervision of 510,00 1.00 510.00 510.00 0.00 01/22/2018 Disallowed Adjustment from Lockard and 0.00 .00 0.00 0.00 0.00 01/22/2018 Payment from Lockard and Williams SRHS 0.00 .00 0.00 -408.00 0.00 01/22/2018 Transfer from Insurance 0.00 .00 0,00 -102.00 102.00 This balance is your copay/coinsurance, SAVE TIME AND MONEY! Have your monthly payment automatically deducted from your bank account. Sign up today and receive a 10% discount on your balance. Call Annette, Jackie or Elesha at 228-762-4483. 31-60 DAYS 61-90 DAYS 91-120 DAYS CURRENT OVER 120 DAYS ACCOUNT BALANCE INSURANCE BALANCE

Reflects transactions posted through 02/22/2018

\$.00

\$.00

\$.00

\$3681.33

\$1029.33

DUE FROM PATIENT

CONTINUED

\$.00



31090-39AF

IF PAYING BY M	IF PAYING BY MASTERCARD OR VISA, FILL OUT BELOW.							
CHE	ECK CARD USING FOR PAYMEN	T						
MASTERCARD VISA VISA								
CARD NUMBER		SIGNATURE CODE						
SIGNATURE		EXP. DATE						
STATEMENT DATE	PAY THIS AMOUNT	ACCT.#						
02/22/2018	\$3681.33	12690						

000685

PAYMENT DUE BY: 03/09/2018

Please check box if address is incorrect or insurance

FOR BILLING INQUIRIES, PLEASE CALL: 228-762-4483 EXT 231.

PAGE: 3 of 7

2525 TELEPHONE RD PASCAGOULA, MS 39567-3202

իկիրոկինորդ||իսրժիրիկիկիր||կինովիկիկիր MARK P MILLER 4500 SCARLET OAKS DRIVE GAUTIER, MS 39553-4918

31090-39AF*T4Z0LOE9W000067

200002A

SHOW AMOUNT

PAID HERE

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

information has changed, and indicate change(s) on reverse side. FEE TOTAL INSURANCE PATIENT UNITS FEE DESCRIPTION CPT DATE please remit. 0.00 102.00 Hospital Singing River SMS351065 Patricia Lewis Mark P Miller 510.00 0.00 510.00 1.00 510.00 Physician attendance and supervision of 99183 12/08/2017 0.00 0.00 .00 0,00 0.00 Disallowed Adjustment from Lockard and 01/22/2018 0.00 0.00 -408.00 0.00 .00 Payment from Lockard and Williams SRHS 01/22/2018 -102.00 102.00 0.00 0.00 .00 Transfer from Insurance 01/22/2018 This balance is your copay/coinsurance, please remit. 102.00 0.00 Hospita! Singing River Patricia Lewis NP SMS351126 Mark P Miller 510.00 0.00 510.00 510.00 1.00 Physician attendance and supervision of 99183 12/07/2017 0.00 0.00 0.00 0.00 .00 Disallowed Adjustment from Lockard and 01/22/2018 .00 0.00 -408.00 0.00 0.00 Payment from Lockard and Williams SRHS 01/22/2018 -102.00 102.00 0.00 0.00 .00 01/22/2018 Transfer from Insurance This balance is your copay/coinsurance, please remit. 102.00 0.00 Singing River Hospita. Patricia Lewis Mark P Miller SMS351218 0.00 510.00 510.00 510.00 1.00 Physician attendance and supervision of 99183 12/18/2017 0.00 0.00 0.00 0.00 .00 Disallowed Adjustment from Lockard and 01/22/2018 -408.00 0.00 .00 0.00 0.00 Payment from Lockard and Williams SRHS 01/22/2018 .00 0.00 -102.00 102.00 0.00 Transfer from Insurance 01/22/2018 SAVE TIME AND MONEY! Have your monthly payment automatically deducted from your bank account. Sign up today and receive a 10% discount on your balance. Call Annette, Jackie or Elesha at

228-762-4483.

CURRENT 31-60 DAYS 61-90 DAYS 91-120 DAYS OVER 120 DAYS ACCOUNT BALANCE INSURANCE BALANCE

CURRENT	31-60 DAYS	61-90 DAYS	91-120 DAYS	OVER 120 DAYS	ACCOUNT BALANCE	INSURANCE BALANCE
\$2652.00	\$1029.33	\$.00	\$.00	\$.00	\$3681.33	\$.00

Reflects transactions posted through 02/22/2018

DUE FROM PATIENT

CONTINUED



889

31	090-39AF

IF PAYING BY N	ASTERCARD OR VISA, FILL	OUT BELOW.
CHI	ECK CARD USING FOR PAYME	NT .
MA	STERCARD	MSA UISA
CARD NUMBER		SIGNATURE CODE
SIGNATURE		EXP. DATE
STATEMENT DATE	PAYTHIS AMOUNT	ACCT.#
02/22/2018	\$3681.33	12690



PAYMENT DUE BY: 03/09/2018

FOR BILLING INQUIRIES, PLEASE CALL: 228-762-4483 EXT 231.

PAGE: 4 of 7

SHOW AMOUNT PAID HERE

MARK P MILLER 4500 SCARLET OAKS DRIVE GAUTIER, MS 39553-4918

SOUTH MISSISSIPPI SURGEONS PA 2525 TELEPHONE RD PASCAGOULA, MS 39567-3202

31090-39AF*T4Z0L0E9W000067

Mark P Mi						FEE	UNITS	FEE TOTAL	INSURANCE	PATIENT
Mark P Mi		This bal	ance is your co	pay/coinsurance,						
Mark P Mi		please r	emit.							
Mark P Mi								į	0.00	102.0
			SMS3512		ia Lewis	NP	Sir	nging River	Hospital	-
2/15/2017	99183	1 '		d supervision of		510.00	1.00	510.00	510.00	0.0
1/22/2018		1	•	rom Lockard and		0.00	.00	0.00	0.00	0.0
1/22/2018		1 '		d Williams SRHS		0.00	.00	0.00	-408.00	0.0
1/22/2018			from Insurance			0.00	.00	0.00	-102.00	102.00
·		1	•	pay/coinsurance,				,		
		please r	emit.					,		
							Ì		0.00	102.0
Mark P M			SMS3512		ia Lewis			nging River	-	-
1/30/2017	99212		•	ent visit for th	e	75.00	1.00		75.00	0.0
01/22/2018		4	ed Adjustment f			0.00	.00		-28.33	0.0
01/22/2018		\$		d Williams SRHS		0.00	.00		-37.34	0.0
01/22/2018			from Insurance			0.00	.00	0.00	-9.33	9.3
		1		pay/coinsurance,						
		please r	emit.							
									0.00	9.3
Mark P Mi			SMS3519		ia Lewis	1	1 1	nging River	- 1	-
2/21/2017	99183			d supervision of		510.00	1.00	510.00	510.00	0.00
2/02/2018			ed Adjustment f			0.00	.00	1	0.00	0.0
2/02/2018	- A A I F- 1		from Lockard an			0.00	00	0.00	-408.00	0.0
SAVE IIIV	<u>E AND</u>	MONEA	Have your	monthly pay	ment auto	matically	/ deduc	ted from yo	ur bank ac	count.
oign up to	gay and	receiv	e a 10% disc	ount on your	palance.	Call Ann	ette, Ja	CKIE OF Eles	na at	
228-762-4	ł83.									
CURRENT	31-60	DAYS	61-90 DAYS	91-120 DAYS	OVER 120 D	AYS ACC	OUNT BALA	NCE INSURANC	E BALANCE	

Reflects transactions posted through 02/22/2018

DUE FROM PATIENT CONTINUED



0	
_	
≍	
·	
-	
œ	
ñ	
孧	
0	
T	
ъ	
_	

31090-39AF

CONTRACTOR SOUTH STATES AND ADDRESS OF THE PARTY OF THE P	AASTERCARD OR VISA, FILL	
CH	ECK CARD USING FOR PAYME	VT.
	STERCARD	TSA VISA
CARD NUMBER		SIGNATURE CODE
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCT.#
02/22/2018	\$3681.33	12690



PAYMENT DUE BY: 03/09/2018

Please check box if address is incorrect or insurance

FOR BILLING INQUIRIES, PLEASE CALL: 228-762-4483 EXT 231.

PAGE: 5 of 7

SHOW AMOUNT PAID HERE	\$
	200002A

31090-39AF*T4Z0LOE9W000067

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

This balance is your copay/coinsurance, please remit.	DATE	CPT		DESCRIPTION	1		FEE	UNITS	FEE TOTAL	INSURANCE	PATIENT
Please remit. Disallowed Adjustment from Lockard and Disallowed Adjustme	02/02/2018		Transfe	from Insurance			0.00	.00	0.00	-102.00	102.00
Mark P M. 1ler			This ba	lance is your co	pay/coinsurance,		1				
Mark P Miller 12/20/2017 12/20/2018 Physician attendance and supervision of 510.00 1.00 510.00 510.00 0.00 0.00 0.0			please i	remit.							
12/20/2018		,						1			102.00
Disallowed Adjustment from Lockard and 0.00 .00 0.00 0.00 0.00 0.00 0.00 0.0						-	1			Hospital	-
Payment from Lockard and Williams SRHS 0.00 .00 0.00 .408.00 0.00		99183	1 '				1	1.00	510.00	510.00	0.00
Transfer from Insurance This balance is your copay/coinsurance, please remit. Mark P Miller SMS351981 Patricia Lewis NP Singing River Hospital 12/19/2017 99183 Physician attendance and supervision of Disallowed Adjustment from Lockard and Disallowed Adjustment from Lockard and Disallowed Adjustment from Insurance This balance is your copay/coinsurance, please remit. Mark P Miller SMS351984 Patricia Lewis NP Singing River Hospital 102/02/2018 Transfer from Insurance Disallowed Adjustment from Lockard and Disallowed Adj							1		}	0.00	0.00
This balance is your copay/coinsurance, please remit. Mark P Miller SMS351981 Patricia Lewis NP Simging River Hospital 12/19/2017 99183 Physician attendance and supervision of 510.00 1.00 510.00 510.00 0.00 0.00 0.0									1	-408.00	0.00
Please remit. Disable Patricia Lewis NP Singing River Hospital	02/02/2018		1				0.00	.00	0.00	-102.00	102.00
Mark P M-ller 12/19/2017 99183 Physician attendance and supervision of Disallowed Adjustment from Lockard and Payment from Lockard and Payment from Lockard and Williams SRHS 02/02/2018 Payment from Lockard and Williams SRHS 02/02/2018 Transfer from Insurance This balance is your copay/coinsurance, please remit. Mark P M-ller 12/27/2017 99183 Physician attendance and supervision of Disallowed Adjustment from Lockard and Supervision of Disallowed Adjustment from Lockard and SAVE TIME AND MONEY! Have your monthly payment automatically deducted from your bank account. CURRENT 31-60 DAYS 61-90 DAYS 91-120 DAYS OVER 120 DAYS ACCOUNT BALANCE INSURANCE BALANCE			1	·	pay/coinsurance,			ļ			
Mark P Miller 12/19/2017 99183 D2/02/2018 D3/02/2018 D3/02/2018 D3/02/2018 D4/02/2018 D3/02/2018 D4/02/2018 D3/02/2018 D3/02/2018 D4/02/2018 D2/02/2018 D3/02/2018 D3/02/2018 D3/02/2018 D4/02/2018 D3/02/2018 D4/02/2018 D3/02/2018 D4/02/2018 D3/02/2018 D4/02/2018 D3/02/2018 D3	•		please r	remit.							
Physician attendance and supervision of Disallowed Adjustment from Lockard and Disallowed Adjust	M1- D M			C) (C) E1 (.o.					1	102.00
Disallowed Adjustment from Lockard and 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.							1	1	1		
O2/02/2018 Payment from Lockard and Williams SRHS O2/02/2018 Payment from Lockard and Williams SRHS O2/02/2018 Payment from Lockard and Williams SRHS O2/02/2018 Transfer from Insurance This balance is your copay/coinsurance, please remit. O2/02/2017 O2/02/2017 O2/02/2018 SMS351984 Patricia Lewis NP Singing River Hospital O2/02/2018 Physician attendance and supervision of O2/02/2018 SAVE TIME AND MONEY! Have your monthly payment automatically deducted from your bank account. Sign up today and receive a 10% discount on your balance. Current 31-60 DAYS OVER 120 DAYS ACCOUNT BALANCE INSURANCE BALANCE		99183			· · · · · · · · · · · · · · · · · · ·	•			1		0.00
Transfer from Insurance This balance is your copay/coinsurance, please remit. Mark P Miller SMS351984 Patricia Lewis NP Singing River Hospital Physician attendance and supervision of 510.00 1.00 510.00 510.00 0.00 Disallowed Adjustment from Lockard and 0.00 .00 0.00 0.00 0.00 0.00 SAVE TIME AND MONEY! Have your monthly payment automatically deducted from your bank account. Sign up today and receive a 10% discount on your balance. CURRENT 31-60 DAYS 61-90 DAYS 91-120 DAYS OVER 120 DAYS ACCOUNT BALANCE INSURANCE BALANCE			ŧ				1	1			0.00
This balance is your copay/coinsurance, please remit. Mark P M:ller 12/27/2017 99183 Physician attendance and supervision of Disallowed Adjustment from Lockard and SAVE TIME AND MONEY! Have your monthly payment automatically deducted from your bank account. Sign up today and receive a 10% discount on your balance. CURRENT 31-60 DAYS 61-90 DAYS 90.00 0.00 0.00 0.00 0.00 0.00 0.00 0								I			0.00
Mark P Miller SMS351984 Patricia Lewis NP Physician attendance and supervision of Disallowed Adjustment from Lockard and SAVE TIME AND MONEY! Have your monthly payment automatically deducted from your bank account. Sign up today and receive a 10% discount on your balance. CURRENT 31-60 DAYS Physician attendance and supervision of Disallowed Adjustment from Lockard and Disallowed Adjustment from Lock	02/02/2018						0.00	.00	0.00	-102.00	102.00
Mark P Miller SMS351984 Patricia Lewis NP Singing River Hospital 12/27/2017 99183 Physician attendance and supervision of Disallowed Adjustment from Lockard and SAVE TIME AND MONEY! Have your monthly payment automatically deducted from your bank account. Sign up today and receive a 10% discount on your balance. CURRENT 31-60 DAYS 61-90 DAYS 91-120 DAYS OVER 120 DAYS ACCOUNT BALANCE INSURANCE BALANCE			1		pay/coinsurance,						
Mark P Miller SMS351984 Patricia Lewis NP Singing River Hospital 12/27/2017 99183 Physician attendance and supervision of Disallowed Adjustment from Lockard and SAVE TIME AND MONEY! Have your monthly payment automatically deducted from your bank account. Sign up today and receive a 10% discount on your balance. CURRENT 31-60 DAYS 61-90 DAYS 91-120 DAYS OVER 120 DAYS ACCOUNT BALANCE INSURANCE BALANCE			prease	emit.							
Physician attendance and supervision of Disallowed Adjustment from Lockard and SAVE TIME AND MONEY! Have your monthly payment automatically deducted from your bank account. Sign up today and receive a 10% discount on your balance. CURRENT 31-60 DAYS 61-90 DAYS 91-120 DAYS OVER 120 DAYS ACCOUNT BALANCE INSURANCE BALANCE	Mark D Mi	1100		CMC2510	004 Datai	in Torrin	NTD	٠		****	102.00
Disallowed Adjustment from Lockard and 0.00 0.00 0.00 0.00 0.00 O.00 O.00 O.0			Physicis				1	1		(
SAVE TIME AND MONEY! Have your monthly payment automatically deducted from your bank account. Sign up today and receive a 10% discount on your balance. Call Annette, Jackie or Elesha at 228-762-4483. CURRENT 31-60 DAYS 61-90 DAYS 91-120 DAYS OVER 120 DAYS ACCOUNT BALANCE INSURANCE BALANCE	1	77103					1				0.00
Sign up today and receive a 10% discount on your balance. Call Annette, Jackie or Elesha at 228-762-4483. CURRENT 31-60 DAYS 61-90 DAYS 91-120 DAYS OVER 120 DAYS ACCOUNT BALANCE INSURANCE BALANCE		FAND	MONEY	'I Have vour	monthly nav	ment aut				U.UU Ur hank ad	0.00
CURRENT 31-60 DAYS 61-90 DAYS 91-120 DAYS OVER 120 DAYS ACCOUNT BALANCE INSURANCE BALANCE	Sign up to	day an	d receiv	e a 10% disc	nunt on vour	halance	Call Ann	ette la	rkie or Flee	ui vaiin au he et	COUIIL.
	228-762-4	483.	1	- a 1070 a100	ouiit oii youi	Maiarioo.		lic, oa	DIVIGOUS FIGS	ia at	
\$2652 00 \$1029 33 \$ 00 \$ 00 \$ 00 \$2601 33	CURRENT	31-6	0 DAYS	61-90 DAYS	91-120 DAYS	OVER 120 D	AYS ACC	OUNT BALA	NCE INSURANC	E BALANCE	
		00 \$1	029 33	\$.00	\$.00	Ċ	00	¢3601 1	33	\$.00	

Reflects transactions posted through 02/22/2018

DUE FROM PATIENT

►►►► CONTINUED



-	
5	
5	
₽.	
₹	
╦	
89	
5	
Ī	

31090-39AF

IF PAYING BY	MASTERCARD OR VISA, FILL	OUT BELOW.
CI-	ECK CARD USING FOR PAYMEN	П
(GL) MA	ASTERCARD	ISA VISA
CARD NUMBER		SIGNATURE CODE
SIGNATURE	,	EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCT.#
02/22/2018	\$3681.33	12690



PAYMENT DUE BY: 03/09/2018

FOR BILLING INQUIRIES, PLEASE CALL: 228-762-4483 EXT 231.

PAGE: 6 of 7

SHOW AMOUNT PAID HERE	\$
	20000

┋_╊┞╻<u>╿</u>┇┋┠╸┞╏┞╌┇╸╸┠╺╏┃┠╸╸╀╶┇<mark>╞</mark>╏┠╏┃╏╶╏╏╏┞[╏]┇┋╊┞╏╏╸┎╶╻╒╏╟╺╏╏╏[╏]┇┇ MARK P MILLER 4500 SCARLET OAKS DRIVE GAUTIER, MS 39553-4918

SOUTH MISSISSIPPI SURGEONS PA 2525 TELEPHONE RD PASCAGOULA, MS 39567-3202

31090-39AF*T4Z0L0E9W000067

DATE	CPT		DESCRIPTION			FEE	UNITS	FEE TOTAL	INSURANCE	PATIENT
02/02/2018		Payment	from Lockard and	d Williams SRHS		0.00	.00	0.00	-408.00	0.00
02/02/2018		Transfer	from Insurance			0.00	.00	0.00	-102.00	102.00
		This bal	ance is your co	pay/coinsurance	,	3 1	1			1
		please r	emit.			1:2				*
									0.00	102.00
fark P Mil			SMS3521	34 Patrio	cia Lewis	NP	Sin	ging River	Hospital	5
2/29/2017	99183		n attendance and	,		510.00	1.00	510.00	510.00	0.00
2/02/2018			ed Adjustment fi			0.00	.00	0.00	0.00	0.00
2/02/2018		1 1	from Lockard and	d Williams SRHS		0.00	.00	0.00	-408.00	0.00
02/02/2018			from Insurance			0.00	.00	0.00	-102.00	102.00
		1	ance is your cop	oay/coinsurance	•					
		please r	emit.			1.				
Mark P Mi	11		GMG 2 F 0.1	25 5	*	1			0.00	102.00
Mark P M1 12/28/2017	99183	Dhuaiaia	SMS3521		cia Lewis	1		ging River	-	1
02/02/2018	99103	1 . '	n attendance an wed Adjustment f			510.00	1.00	510.00	510.00	0.00
02/02/2018			from Lockard an			0.00	.00	0.00	0.00 -408.00	0.00
02/02/2018		1 '	from Insurance			0.00	.00	0.00	-102.00	102.00
02/02/2010		1	ance is your co			0.00	.00	0.00	- 102.00	102.00
4.5		please r		pay/ comisar ance	•					
									0.00	102.00
Mark P M	ller		SMS3539	97 Patrio	cia Lewis	NP	Sinc	ging River		
01/08/2018	99183	Physicia	n attendance an	d supervision o	f	510.00	1.00	510.00	510.00	0.00
SAVE TIM	E AND			monthly pay		matically	deduct	ed from vo	ur bank ac	
Sign up to	day an	d receiv	e a 10% disc	ount on your	balance.	Call Ann	ette, Jac	kie or Eles	na at	
228-762-4	483.									
·	- Т	1	·			1				
CURRENT	31-6	DAYS	61-90 DAYS	91-120 DAYS	OVER 120 D	AYS ACC	OUNT BALAN	CE INSURANC	E BALANCE	
		000 00			_		+0004 -			
\$2652.0	101 ST	029.33	\$.00	\$.00	l S	,00	\$3681.33	√ I	\$.00	I

Reflects transactions posted through 02/22/2018

DUE FROM PATIENT CONTINUED



31090-39AF

02/22/2018	\$3681.33	12690
STATEMENT DATE	PAYTHIS AMOUNT	ACCT.#
SIGNATURE		EXP. DATE
		SIGNATURE CODE
CARD NUMBER	The second section of the second seco	I SIGNATURE CODE
Mail M	ASTERCARD	PSA VISA
CI	HECK CARD USING FOR PAYMEN	vT
IF PAYING BY	MASTERCARD OR VISA, FILL	OUT BELOW.



PAYMENT DUE BY: 03/09/2018

FOR BILLING INQUIRIES, PLEASE CALL: 228-762-4483 EXT 231.

PAGE: 7 of 7

SHOW AMOUNT PAID HERE 200002A

╊┢┸╬╬╏╏╏╍╏┇╬┸╂╍╍╏╍┇╬╬┦╍╍╏╍╏╏┇╬╬┸╢╍╏╏╬╬╍╟╢╏╏╏╍╬┰╍╏║╏╸╟┸╏╌╬┎╏╏ **MARK P MILLER** 4500 SCARLET OAKS DRIVE GAUTIER, MS 39553-4918

SOUTH MISSISSIPPI SURGEONS PA 2525 TELEPHONE RD PASCAGOULA, MS 39567-3202

31090-39AF*T4Z0LOE9W000067

	CPT		DESCRIPTION			FEE	UNITS	FEE TOTAL	INSURANCE	PATIENT
02/05/2018	-		from Insurance and Williams sa 17	/s coverage ter	med	0.00	.00	0.00	-510.00	510.00
				:					0.00	510.00
Mark P Mi			SMS3540		cia Lewis	1		ging Rive	_	
01/03/2018	99183	1 '	n attendance and	d supervision o	f	510.00	1.00	1	510.00	0.00
02/06/2018			from Insurance and Williams says 17	s coverage term	ed	0.00	.00	0.00	-510.00	510.00
l						1			0.00	510.00
Mark P M:	ller		SMS3540	18 Patrio	cia Lewis	NP	Sir	ging Rive	Hospital	•
01/02/2018	99183	Physicia	n attendance and	d supervision o	f	510.00	1.00	510.00	510.00	0.00
02/06/2018			from Insurance and Williams sa 17	/s coverage ter	med	0.00	.00	0.00	-510.00	510.00
									0.00	510.00
Mark P M			SMS3540		cia Lewis		1	nging Rive	-,	
01/04/2018	99183	1 *	n attendance and	d supervision o	f	510.00	1.00		510.00	0.00
02/05/2018.			from Insurance and Williams say 17	/s coverage ter	med	0.00	.00	0.00	-510.00	510.00
									0.00	510.00
	day and		<u>!</u> Have your e a 10% disc							count.
CURRENT	31-60	DAYS	61-90 DAYS	91-120 DAYS	OVER 120 D	AYS ACC	OUNT BALA	NCE INSURANC	CE BALANCE	

Reflects transactions posted through 02/22/2018

DUE FROM PATIENT \$3681.33

