

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

31090-39AF



000685
0607

PAYMENT DUE BY: 03/09/2018

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

IF PAYING BY MASTERCARD OR VISA, FILL OUT BELOW.
 CHECK CARD USING FOR PAYMENT

MASTERCARD VISA

CARD NUMBER: _____ SIGNATURE CODE: _____
 SIGNATURE: _____ EXP. DATE: _____

STATEMENT DATE: 02/22/2018 PAY THIS AMOUNT: \$3681.33 ACCT. #: 12690

SHOW AMOUNT PAID HERE \$

PAGE: 2 of 7

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

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

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

DATE	CPT	DESCRIPTION	FEE	UNITS	FEE TOTAL	INSURANCE	PATIENT
Mark P Miller		SMS351062 Patricia Lewis NP				0.00	102.00
12/13/2017	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, please remit.					
Mark P Miller		SMS351063 Patricia Lewis NP				0.00	102.00
12/12/2017	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, please remit.					
Mark P Miller		SMS351064 Patricia Lewis NP				0.00	102.00
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, please remit.					

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
\$2652.00	\$1029.33	\$.00	\$.00	\$.00	\$3681.33	\$.00

Reflects transactions posted through 02/22/2018

DUE FROM PATIENT
 ▶▶▶▶ CONTINUED

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

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 CHECK CARD USING FOR PAYMENT

MASTERCARD VISA

CARD NUMBER SIGNATURE CODE
 SIGNATURE EXP. DATE

STATEMENT DATE PAY THIS AMOUNT ACCT. #
 02/22/2018 \$3681.33 12690

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SHOW AMOUNT PAID HERE \$

PAGE: 3 of 7

200002A

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

SOUTH MISSISSIPPI SURGEONS PA
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DATE	CPT	DESCRIPTION	FEE	UNITS	FEE TOTAL	INSURANCE	PATIENT
		please remit.				0.00	102.00
Mark P Miller		SMS351065 Patricia Lewis NP Singing River Hospital					
12/08/2017	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, please remit.					
Mark P Miller		SMS351126 Patricia Lewis NP Singing River Hospital				0.00	102.00
12/07/2017	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, please remit.					
Mark P Miller		SMS351218 Patricia Lewis NP Singing River Hospital				0.00	102.00
12/18/2017	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

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\$2652.00	\$1029.33	\$0.00	\$0.00	\$0.00	\$3681.33	\$0.00

Reflects transactions posted through 02/22/2018

DUE FROM PATIENT
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CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA	<input type="checkbox"/> VISA
CARD NUMBER	SIGNATURE CODE	
SIGNATURE	EXP. DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
02/22/2018	\$3681.33	12690

SHOW AMOUNT PAID HERE \$

PAGE: 4 of 7

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 GAUTIER, MS 39553-4918

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DATE	CPT	DESCRIPTION	FEE	UNITS	FEE TOTAL	INSURANCE	PATIENT
		This balance is your copay/coinsurance, please remit.				0.00	102.00
Mark P Miller		SMS351224 Patricia Lewis NP Singing River Hospital					
12/15/2017	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, please remit.				0.00	102.00
Mark P Miller		SMS351241 Patricia Lewis NP Singing River Hospital					
11/30/2017	99212	Office or other outpatient visit for the	75.00	1.00	75.00	75.00	0.00
01/22/2018		Disallowed Adjustment from Lockard and	0.00	.00	0.00	-28.33	0.00
01/22/2018		Payment from Lockard and Williams SRHS	0.00	.00	0.00	-37.34	0.00
01/22/2018		Transfer from Insurance	0.00	.00	0.00	-9.33	9.33
		This balance is your copay/coinsurance, please remit.				0.00	9.33
Mark P Miller		SMS351959 Patricia Lewis NP Singing River Hospital					
12/21/2017	99183	Physician attendance and supervision of	510.00	1.00	510.00	510.00	0.00
02/02/2018		Disallowed Adjustment from Lockard and	0.00	.00	0.00	0.00	0.00
02/02/2018		Payment from Lockard and Williams SRHS	0.00	.00	0.00	-408.00	0.00

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\$2652.00	\$1029.33	\$.00	\$.00	\$.00	\$3681.33	\$.00

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<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA	<input type="checkbox"/> VISA
CARD NUMBER	SIGNATURE CODE	
SIGNATURE	EXP DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
02/22/2018	\$3681.33	12690

SHOW AMOUNT
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PAGE: 5 of 7

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DATE	CPT	DESCRIPTION	FEE	UNITS	FEE TOTAL	INSURANCE	PATIENT
02/02/2018		Transfer from Insurance This balance is your copay/coinsurance, please remit.	0.00	.00	0.00	-102.00	102.00
						0.00	102.00
Mark P Miller		SMS351979 Tracie George NP					Singing River Hospital
12/20/2017	99183	Physician attendance and supervision of	510.00	1.00	510.00	510.00	0.00
02/02/2018		Disallowed Adjustment from Lockard and	0.00	.00	0.00	0.00	0.00
02/02/2018		Payment from Lockard and Williams SRHS	0.00	.00	0.00	-408.00	0.00
02/02/2018		Transfer from Insurance This balance is your copay/coinsurance, please remit.	0.00	.00	0.00	-102.00	102.00
						0.00	102.00
Mark P Miller		SMS351981 Patricia Lewis NP					Singing River Hospital
12/19/2017	99183	Physician attendance and supervision of	510.00	1.00	510.00	510.00	0.00
02/02/2018		Disallowed Adjustment from Lockard and	0.00	.00	0.00	0.00	0.00
02/02/2018		Payment from Lockard and Williams SRHS	0.00	.00	0.00	-408.00	0.00
02/02/2018		Transfer from Insurance This balance is your copay/coinsurance, please remit.	0.00	.00	0.00	-102.00	102.00
						0.00	102.00
Mark P Miller		SMS351984 Patricia Lewis NP					Singing River Hospital
12/27/2017	99183	Physician attendance and supervision of	510.00	1.00	510.00	510.00	0.00
02/02/2018		Disallowed Adjustment from Lockard and	0.00	.00	0.00	0.00	0.00

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\$2652.00	\$1029.33	\$0.00	\$0.00	\$0.00	\$3681.33	\$0.00

Reflects transactions posted through 02/22/2018

DUE FROM PATIENT
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MASTERCARD VISA

CARD NUMBER SIGNATURE CODE
SIGNATURE EXP. DATE

STATEMENT DATE PAY THIS AMOUNT ACCT. #
02/22/2018 \$3681.33 12690

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PAGE: 6 of 7

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4500 SCARLET OAKS DRIVE
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DATE	CPT	DESCRIPTION	FEE	UNITS	FEE TOTAL	INSURANCE	PATIENT
02/02/2018		Payment from Lockard and 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 balance is your copay/coinsurance, please remit.					
						0.00	102.00
Mark P Miller		SMS352134 Patricia Lewis NP					Singing River Hospital
12/29/2017	99183	Physician attendance and supervision of	510.00	1.00	510.00	510.00	0.00
02/02/2018		Disallowed Adjustment from Lockard and	0.00	.00	0.00	0.00	0.00
02/02/2018		Payment from Lockard and 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 balance is your copay/coinsurance, please remit.					
						0.00	102.00
Mark P Miller		SMS352135 Patricia Lewis NP					Singing River Hospital
12/28/2017	99183	Physician attendance and supervision of	510.00	1.00	510.00	510.00	0.00
02/02/2018		Disallowed Adjustment from Lockard and	0.00	.00	0.00	0.00	0.00
02/02/2018		Payment from Lockard and 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 balance is your copay/coinsurance, please remit.					
						0.00	102.00
Mark P Miller		SMS353997 Patricia Lewis NP					Singing River Hospital
01/08/2018	99183	Physician attendance and supervision of	510.00	1.00	510.00	510.00	0.00

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\$2652.00	\$1029.33	\$0.00	\$0.00	\$0.00	\$3681.33	\$0.00

Reflects transactions posted through 02/22/2018

DUE FROM PATIENT
▶▶▶▶ CONTINUED

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CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA	<input type="checkbox"/> VISA
CARD NUMBER	SIGNATURE CODE	
SIGNATURE	EXP. DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
02/22/2018	\$3681.33	12690

SHOW AMOUNT PAID HERE \$

PAGE: 7 of 7

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DATE	CPT	DESCRIPTION	FEE	UNITS	FEE TOTAL	INSURANCE	PATIENT
02/05/2018		Transfer from Insurance Lockard and Williams says coverage termed 12/31/2017	0.00	.00	0.00	-510.00	510.00
						0.00	510.00
Mark P Miller		SMS354017 Patricia Lewis NP				Singing River Hospital	
01/03/2018	99183	Physician attendance and supervision of	510.00	1.00	510.00	510.00	0.00
02/06/2018		Transfer from Insurance Locard and Williams says coverage termed 12/31/2017	0.00	.00	0.00	-510.00	510.00
						0.00	510.00
Mark P Miller		SMS354018 Patricia Lewis NP				Singing River Hospital	
01/02/2018	99183	Physician attendance and supervision of	510.00	1.00	510.00	510.00	0.00
02/06/2018		Transfer from Insurance Lockard and Williams says coverage termed 12/31/2017	0.00	.00	0.00	-510.00	510.00
						0.00	510.00
Mark P Miller		SMS354019 Patricia Lewis NP				Singing River Hospital	
01/04/2018	99183	Physician attendance and supervision of	510.00	1.00	510.00	510.00	0.00
02/05/2018		Transfer from Insurance Lockard and Williams says coverage termed 12/31/2017	0.00	.00	0.00	-510.00	510.00
						0.00	510.00

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