

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

31090-39AF



000685  
0707

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		
<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 \$

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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		SMS350108 Patricia Lewis NP			Singing River Hospital		
12/05/2017	99183	Physician attendance and supervision of	510.00	1.00	510.00	510.00	0.00
01/19/2018		Disallowed Adjustment from Lockard and	0.00	.00	0.00	0.00	0.00
01/19/2018		Payment from Lockard and Williams 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 balance is your copay/coinsurance, please remit.					
						0.00	102.00
Mark P Miller		SMS350109 Patricia Lewis NP			Singing River Hospital		
12/06/2017	99183	Physician attendance and supervision of	510.00	1.00	510.00	510.00	0.00
01/19/2018		Disallowed Adjustment from Lockard and	0.00	.00	0.00	0.00	0.00
01/19/2018		Payment from Lockard and Williams 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 balance is your copay/coinsurance, please remit.					
						0.00	102.00
Mark P Miller		SMS351060 Patricia Lewis NP			Singing River Hospital		
12/14/2017	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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