For billing inquiries, please call: (228) 762-4483 ext 231

IF PAYING BY V	ISA, MASTERCARD	OR DISCOVE	R, FILL OUT BELOW
UISA VISA	MASTERCARD	1-0-1	DISCOVER
CARD NUMBER		EXP. DATE	AMOUNT
SIGNATURE		MUST INCLUDE SECURITY CODI BACK OF CARD	

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
07/19/2018	Continued	12690

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

SHOW AMOUNT \$

# MAKE CHECKS PAYABLE / REMIT TO:

South Mississippi Surgeons PA 2525 Telephone Rd Pascagoula MS 39567-3202

000222

Please check box if above address is incorrect or insurance

<u> Ֆրլլըսկիդով Առգինի վիկի վիակի վիարար իրկի մարկը</u>

GAUTIER MS 39553-4918

4500 SCARLET OAK DR

MARK P MILLER

information has changed, and indicate change(s) on reverse side.

### STATEMENT

142733 - 8

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT IN ENCLOSED ENVELOPE

DATE	CPT		DESCRIPTION			FEE	UNITS	FEE TOTAL	INSU	IRANCE	PATIENT
Mark P Mil		12690				Lewis N					
12/05/2017	99183	Physica	ian attendance	e and supe		\$510.00	1.00	\$510.00	9	5510.00	\$.00
01/19/2018		Disallo	wed Adjustmer	it from Lo		\$.00	.00	\$.00		\$.00	\$.00
01/19/2018			from Lockard			\$.00	.00	\$.00	\$-	408.00	\$.00
01/19/2018		Transfe	er from Insura	ince		\$.00				102.00	\$102.00
			//coinsurance		remit		APRIL IN	OH AU		202100	4101100
								Balance:		\$.00	\$102.00
Mark P Mil		12690		7				4540 00			
12/06/2017			ian attendance			\$510.00	1.00			510.00	\$.00
1/19/2018		Disallo	owed Adjustmer	it from Lo		\$.00	.00	\$.00	11031	\$.00	\$.00
1/19/2018		Payment	from Lockard	and Will		\$.00				-408.00	\$.00
)1/19/2018		Transfe	er trom Insura	ince		\$.00	.00	\$.00	\$-	-102.00	\$102.00
This balan¢	e is you	r copay	//coinsurance,	please	remit						
				- Carlina	1 111			Balance:		\$.00	\$102.00
Mark P Mil			SMS351060							Land I	
2/14/2017			ian attendance			\$510.00	1.00	\$510.00	9	5510.00	\$.0
1/22/2018		Disallo	wed Adjustmer	it from Lo		\$.00	.00	\$.00	-173	\$.00	\$.0
1/22/2018			from Lockard			\$.00	.00	\$.00	\$-	408.00	\$.0
1/22/2018			er from Insura			\$.00				-102.00	\$102.0
			//coinsurance		remit				_		4 0 1 0
	,							Balance:		\$.00	\$102.00
lark P Mill	ler	12690	SMS351062	Patr	icia	Lewis N	IP .			1	
2/13/2017	99183	Physic	ian attendance	and supe		\$510.00	1.00	\$510.00	9	5510.00	\$.0
1/22/2018			wed Adjustmer				.00			\$.00	\$.0
1/22/2018			from Lockard			\$.00			\$-	-408.00	\$.0
1/22/2018			er from Insura		1115	\$.00				-102.00	\$102.0
his haland			//coinsurance,		remit			\$.00	1	102.00	DIO2 10
mis barant	c 15 you	l copa,	,, comparance,	prease		- •		Balance:		\$.00	\$102.0
Mark P Mil	ler	12690	SMS351063	Patr	icia	Lewis N	IP	Baraneer		0.00	\$202 IO
2/12/2017	99183		ian attendance			\$510.00		\$510.00		510.00	\$.00
1/22/2018	33103		wed Adjustmer			\$.00				\$.00	\$.00
01/22/2018		Daymont	from Lockard	and Will					¢.	-408.00	\$.00
1/22/2018		Transf	er from Insura	and will		\$.00				-102.00	\$102.0
	a is voi		//coinsurance,		remit		.00	\$.00	D-	102.00	\$105.0
iiiis barane	C 13 you	Copa	,, combandice,	piease	Cin I	- *	= = ×	Balance:		\$.00	\$102.0
Mark P Mil	ler	12690	SMS351064	Patr	icia	Lewis N	IP.			4.00	420210
L2/11/2017			ian attendance			\$510.00		\$510.00		510.00	\$.0
CURRENT	31-60	DAYS	61-90 DAYS	91-120 DAY	's	OVER 120 I	DAYS	ACCOUNT BALAN	ICE	INSURAN	ICE BALANCE
A 00		00	0.00	0.00		00040					
\$.00	\$.	00	\$.00	\$.00		\$2049.3	33	\$2049.33			\$.00

Reflects transactions posted through 07/19/2018 If no financial arrangements have been made regarding your balance, your account may be processed for collection/legal action. DUE FROM PATIENT

Continued



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IF PAYING BY	VISA, MASTERCARD	OR DISCOVE	R, FILL OUT BELOW
VISA	MASTERCARD		DISCOVER
CARD NUMBER		EXP. DATE	AMOUNT
SIGNATURE		MUST INCLUDE SECURITY COD BACK OF CARD	E FROM

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
07/19/2018	Continued	12690

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

SHOW AMOUNT	•
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#### MAKE CHECKS PAYABLE / REMIT TO: \*\*

South Mississippi Surgeons PA 2525 Telephone Rd Pascagoula MS 39567-3202

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

4500 SCARLET OAK DR

GAUTIER MS 39553-4918

MARK P MILLER

# STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT IN ENCLOSED ENVELOPE

DATE	CPT		DESCRIPTION		FEE	A 4.75	UNITS	FEE TOTAL	INSURANCE	PATIENT
01/22/2018		Disallo	wed Adjustmer	it from Lo		\$.00	.00	\$.00	\$.00	\$.00
01/22/2018			from Lockard			\$.00			\$-408.00	\$.00
01/22/2018		Transfe	er from Insura	ince		\$.00			\$-102.00	
This haland	e is vou	r copay	//coinsurance	nlease	remit	4.00		4.00	4 10210	4102.00
TITIS BUTUIL	C 15 900	copa	/ comparance	preade	Ciliter			Balance:	\$.00	\$102.00
Mark P Mill	lor	12690	SMS351065	Datr	icia la	MIS N	ID	barance.	Ψ.Ο.	\$102,00
12/08/2017			an attendance	and cuno	CTA LE	10.00		\$510.00	\$510.00	\$.00
				_						
01/22/2018		pisalic	owed Adjustmer from Lockard from Insura	IL I FOM LO		\$.00			\$.00	
01/22/2018		Payment	Trom Lockard	and will		\$.00			\$-408.00	
01/22/2018		li i alisi c	I IIOII TIIOILE	HICC		\$.00	.00	\$.00	\$-102.00	\$102.00
This balan¢	e is you	r copay	//coinsurance	please	remit.					
								Balance:	\$.00	\$102.00
Mark P Mill	er	12690	SMS351126	Patr	icia Le	wis N	IP			
12/07/2017	99183	Physici	an attendance	and supe	\$5	10.00	1.00	\$510.00	\$510.00	\$.00
01/22/2018			wed Adjustmer						\$.00	
01/22/2018		Dayment	from Lockard	Titw bas !		\$.00	.00		\$-408.00	
01/22/2018		Transfe	from Lockarder from Insura	and Will		\$.00			\$-102.00	
01/22/2010						\$.00		\$.00	2-105.00	\$102.00
inis balanc	e is you	r copay	//coinsurance	prease	remit.					
								Balance:	\$.00	\$102.00
Mark P Mil		12690								
12/18/2017	99183	Physici	an attendance	e and supe	\$5:	10.00	1.00	\$510.00	\$510.00	\$.00
01/22/2018		Disallo	wed Adjustmer	nt from Lo		\$.00	.00	\$.00	\$.00	\$.00
01/22/2018		Payment	owed Adjustmer from Lockard	and Will	1300	\$.00			\$-408.00	
01/22/2018		Transfe	er from Insura	nce	THE COURSE	\$.00			\$-102.00	
This haland	a is voi	r conav	//coinsurance	nlease	remit	\$.00	.00	\$.00	\$ 102.00	\$102.00
TITIS Datane	e 13 you	li copa	// combanance	picase	Cili I C .			Balance:	\$.00	\$102.00
Mark D MATT		12690	SMS351224	Data	icia Le		ID.	ba failce.	\$ " 0"	2107:00
Mark P Mill	ier							¢ = 10 00	¢510 0	1
12/15/2017	99183	Physic	an attendance	and supe	35.	10.00				
01/22/2018		pisalio	owed Adjustmer	it from Lo	^	\$.00			\$.00	
01/22/2018		Payment	owed Adjustmer from Lockard er from Insura	and Will	55	\$.00			\$-408.00	
01/22/2018						\$.00	.00	\$.00	\$-102.00	\$102.00
This balanc	e is you	r copay	//coinsurance	please	remit.					
					1			Balance:	\$.00	\$102.00
Mark P Mil	ler	12690	SMS351241	Patr	icia Le	wis N	IP		7.0.	1-0-100
11/30/2017	99212		or other outp	natient vi	¢	75.00		\$75.00	\$75.00	\$.00
01/22/2018	33212	Disalle	wed Adjustmer	t from In	1	\$.00			\$-28.33	
01/22/2018		Daymont	from Lockard	Title back	1	\$.00			\$-37.3	
01/22/2018		rayment	. ITOIII LOCKATO	anu will		\$.00	.00	\$.00	\$-37.34	1 00
CURRENT	31.60	DAYS	61-90 DAYS	91-120 DAY	'S OVE	R 120 E	DAVS	ACCOUNT BALAN	ICE INCHE	ANCE BALANCE
CONNENT	31-00	DAIO	01-90 DA13	JI-IZU DAI	OVL	-11 120 L	77.10	ACCOUNT BALAN	INSUR	ANUL DALANCE
\$.00	2	00	\$.00	\$.00	q	62049.3	33	\$2049.33		\$.00
ψ.00	φ.	00	ψ.00	ψ.υυ		12U45.C		ΨΖΩ43.00		ψ.00

Reflects transactions posted through 07/19/2018 If no financial arrangements have been made regarding your balance, your account may be processed for collection/legal action.

Continued



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IF PAYING BY	VISA, MASTERCARD	OR DISCOVE	R, FILL OUT BELOW
USA VISA	MASTERCARD		DISCOVER THEFE
CARD NUMBER		EXP. DATE	AMOUNT
SIGNATURE		MUST INCLUDE SECURITY COD BACK OF CARD	DE FROM

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
07/19/2018	Continued	12690

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

SHOW AMOUNT \$

### MAKE CHECKS PAYABLE / REMIT TO:

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# STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT IN ENCLOSED ENVELOPE

			/ 1914	APUBA 201	JESH OKK SAS	d (1000)	3		
DATE	CPT		DESCRIPTION		FEE	UNITS	FEE TOTAL	INSURANCE	PATIENT
01/22/2018 This balanc			er from Insura //coinsurance,		\$.00 remit.	.00	\$.00	\$-9.33	\$9.33
Mark P Mil		12690	SMS351959		icia Lewis I	IP.	Balance:	\$.00	\$9.33
12/21/2017 02/02/2018	99183	bisallo	ian attendance owed Adjustmer	and supe	\$510.00	1.00		\$510.00 \$.00	\$.00 \$.00
02/02/2018 02/02/2018		Payment	from Lockarder from Insura	and Will	\$.00 \$.00	.00	\$.00	\$-408.00 \$-102.00	\$.00 \$102.00
			//coinsurance,				Balance:	\$.00	\$102.00
Mark P Mil 12/20/2017		12690 Physic	SMS351979 ian attendance		ie George NI \$510.00	P			\$.00
02/02/2018 02/02/2018			owed Adjustmer from Lockard			.00	\$.00	\$.00 \$-408.00	\$.00
02/02/2018		Transte	er from Insura //coinsurance,	ance	\$.00			\$-102.00	\$102.00
Mark P Mil	194	0.00	SMS351981			N D	Balance:	\$.00	\$102.00
12/19/2017 02/02/2018	99183	Physic-	ian attendance	e and supe	\$510.00	1.00		\$510.00 \$.00	\$.00
02/02/2018 02/02/2018		Payment 1	owed Adjustmer t from Lockard er from Insura	and Will	\$.00	.00	\$.00	\$-408.00 \$-102.00	\$.00 \$102.00
	e is you		y/coinsurance,			.00	Balance:	\$.00	\$102.00
Mark P Mil		12690			icia Lewis 1 \$510.00		The same of the sa		
12/27/2017   02/02/2018		Disallo	ian attendance owed Adjustmer	at from in	\$ 00	.00	\$.00	\$510.00	\$.00 \$.00
02/02/2018 02/02/2018 This balance		II ransie	from Lockarder from Insura y/coinsurance,	ance	\$ .00			\$-408.00 \$-102.00	\$.00 \$102.00
Mark P Mil		12690	sms352134		icia Lewis I	NID	Balance:	\$.00	\$102.00
12/29/2017 02/02/2018	99183	Physic.	ian attendance owed Adjustmer	e and supe	\$510.00	1.00		\$510.00 \$.00	\$.00 \$.00
02/02/2018 02/02/2018 02/02/2018		Payment	from Lockarder from Insura	and Will	\$.00 \$.00	.00	\$.00	\$-408.00 \$-102.00	\$.00 \$102.00
CURRENT	31-60	DAYS	61-90 DAYS	91-120 DAY	S OVER 120	DAYS	ACCOUNT BALAN	ICE INSURAI	NCE BALANCE
\$.00	\$.	00	\$.00	\$.00	\$2049.3	33	\$2049.33		\$.00

Reflects transactions posted through 07/19/2018 If no financial arrangements have been made regarding your balance, your account may be processed for collection/legal action.

DUE FROM PATIENT

Continued



For billing inquiries, please call: (228) 762-4483 ext 231

IF	PAYING BY	/ISA, MASTERCARD	OR DISCOVE	R, FILL OUT BELOW
□visa	VISA	MASTERCARD		DISCOVER
CARD NUMBER			EXP. DATE	AMOUNT
SIGNATURE			MUST INCLUDE SECURITY COD BACK OF CARD	E FROM

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
07/19/2018	Continued	12690

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

SHOW AMOUNT PAID HERE	d
PAID HERE	P

### MAKE CHECKS PAYABLE / REMIT TO:

South Mississippi Surgeons PA 2525 Telephone Rd Pascagoula MS 39567-3202

1	Please check box	x if above	address is it	ncorrect or	insurance
-	information has	changed,	and indicate	change(s)	on reverse side.

4500 SCARLET OAK DR

GAUTIER MS 39553-4918

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MARK P MILLER

# STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT IN ENCLOSED ENVELOPE

			2000	HVORM WIT	HEIL	GMA SHI	H HOA	13 <b>0</b>	T		
DATE	CPT		DESCRIPTION			FEE	UNITS	FEE TOTAL	INSU	JRANCE	PATIENT
			ay/coinsuranc					Balance:		\$.00	\$102.00
Mark P Millo 12/28/2017 02/02/2018	99183		SMS352135 an attendance wed Adjustmer	and supe		Lewis N \$510.00 \$.00	1.0			\$510.00	\$.00
02/02/2018 02/02/2018		Payment Transfe	from Lockarder from Insura	l and Will		\$.00 \$.00		0 \$.00	\$-	-408.00 -102.00	\$.00 \$102.00
			//coinsurance,			-		Balance:		\$.00	\$102.00
02/05/2018	99183	Transfe	SMS353997 an attendance er from Insura coverage term	and supe		\$510.00 \$.00	1.0			\$510.00 -510.00	\$.00 \$510.00
06/29/2018 06/29/2018 06/29/2018		Disallo Payment Transfe	owed Adjustmer from Lockarder from Insura	nt from Lo I and Will Ince	19 740	\$.00 \$.00 \$.00	.0	0 \$.00	\$-	\$.00 -408.00 \$408.00 \$.00	\$.00 \$.00 \$-408.00 \$102.00
Mark P Millo 01/03/2018 02/06/2018 Locard and W	99183 Villiams	Transfe says	SMS354017 an attendance er from Insura coverage terme	and supe ince ed 12/31/2	017	Lewis N \$510.00 \$.00	1.0			\$510.00 -510.00	\$.00 \$510.00
06/29/2018 06/29/2018 06/29/2018		Payment Transfe	owed Adjustmer from Lockarder from Insura	l and Will Ince		\$.00 \$.00 \$.00	.0	0 \$.00	\$-	\$.00 -408.00 \$408.00 \$.00	\$.00 \$.00 \$-408.00 \$102.00
Mark P Mille 01/02/2018 02/06/2018 Lockard and	99183	Transfe	SMS354018 an attendance er from Insura coverage term	and supe		\$510.00 \$.00	1.0	0 \$510.00		\$510.00 -510.00	\$.00 \$510.00
06/29/2018 06/29/2018 06/29/2018		Disallo Payment	owed Adjustmer from Lockard er from Insura	nt from Lo I and Will	ļ	\$.00 \$.00 \$.00	.0	0 \$.00	\$-	\$.00 -408.00 \$408.00 \$.00	\$.00 \$.00 \$-408.00 \$102.00
Mark P Mille 01/04/2018 02/05/2018	99183	12690 Physici Transfe	SMS354019 an attendance er from Insura	and supe		Lewis N \$510.00 \$.00	1.0	0 \$510.00		\$510.00 -510.00	\$.00 \$510.00
CURRENT	31-60	DAYS	61-90 DAYS	91-120 DAY	'S	OVER 120 E	DAYS	ACCOUNT BALA	NCE	INSURAI	NCE BALANCE
\$.00	\$.0	00	\$.00			\$2049.33			\$.00		

Reflects transactions posted through 07/19/2018 If no financial arrangements have been made regarding your balance, your account may be processed for collection/legal action.

Continued



For billing inquiries, please call: (228) 762-4483 ext 231

IF PAYING BY VISA, MASTERCARD OR DISCOVER, FILL OUT BELOW								
USA VISA	MASTERCARD		DISCOVER					
CARD NUMBER	10	EXP. DATE	AMOUNT					
SIGNATURE		MUST INCLUDE SECURITY COD BACK OF CARD	E FROM					

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
07/19/2018	\$2049.33	12690

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

SHOW AMOUNT \$

MAKE CHECKS PAYABLE / REMIT TO:

South Mississippi Surgeons PA 2525 Telephone Rd Pascagoula MS 39567-3202

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MARK P MILLER

# STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT IN ENCLOSED ENVELOPE

DATE	CPT		DESCRIPTION		FEE	- 143	UNITS	FEE TOTAL	INSURANCE	PATIENT
Lockard and 06/29/2018 06/29/2018 06/29/2018	ł Willia	ms says Disallo Payment Transfe	s coverage te bwed Adjustmen t from Lockard er from Insura	rmed 12/3 t from Lo and Will nce	1/2017	\$.00 \$.00 \$.00	.00	\$.00	\$.00 \$-408.00 \$408.00 \$.00	\$.00 \$.00 \$-408.00 \$102.00
		riego					NT EVE	OBRIGAÇÃO	lor	
				Trownsia	T NO SI			ion .		
		(75.47) 771.31						ED WALLEY		
				Sactory of	kest erkir nur feyr ku mar i		of Eldhood ordhoan a	gring glad"		
							* 5.25		· · · · · ·	
					,				*	
CURRENT	31-60	DAYS	61-90 DAYS	91-120 DAY	S OVE	R 120	DAYS	ACCOUNT BALAN	ICE INSURAI	NCE BALANCE
\$.00	\$.	00	\$.00	\$.00	9	2049.	33	\$2049.33		\$.00

Reflects transactions posted through 07/19/2018 If no financial arrangements have been made regarding your balance, your account may be processed for collection/legal action.

DUE FROM PATIENT \$2049.33

