

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

IF PAYING BY VISA, MASTERCARD OR DISCOVER, FILL OUT BELOW			
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/>
CARD NUMBER	EXP. DATE	AMOUNT	
SIGNATURE		MUST INCLUDE 3 DIGIT SECURITY CODE FROM BACK OF CARD	

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

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 \$

MAKE CHECKS PAYABLE / REMIT TO:

142733 - 8



MARK P MILLER
 4500 SCARLET OAK DR
 GAUTIER MS 39553-4918

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.

STATEMENT

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

DATE	CPT	DESCRIPTION	FEE	UNITS	FEE TOTAL	INSURANCE	PATIENT
Mark P Miller 12/05/2017	99183	12690 SMS350108 Patricia Lewis NP Physician attendance and supe	\$510.00	1.00	\$510.00	\$510.00	\$.00
01/19/2018		Disallowed Adjustment from Lo	\$.00	.00	\$.00	\$.00	\$.00
01/19/2018		Payment from Lockard and Will	\$.00	.00	\$.00	\$ -408.00	\$.00
01/19/2018		Transfer from Insurance	\$.00	.00	\$.00	\$ -102.00	\$102.00
This balance is your copay/coinsurance, please remit.						Balance:	\$.00
Mark P Miller 12/06/2017	99183	12690 SMS350109 Patricia Lewis NP Physician attendance and supe	\$510.00	1.00	\$510.00	\$510.00	\$.00
01/19/2018		Disallowed Adjustment from Lo	\$.00	.00	\$.00	\$.00	\$.00
01/19/2018		Payment from Lockard and Will	\$.00	.00	\$.00	\$ -408.00	\$.00
01/19/2018		Transfer from Insurance	\$.00	.00	\$.00	\$ -102.00	\$102.00
This balance is your copay/coinsurance, please remit.						Balance:	\$.00
Mark P Miller 12/14/2017	99183	12690 SMS351060 Patricia Lewis NP Physician attendance and supe	\$510.00	1.00	\$510.00	\$510.00	\$.00
01/22/2018		Disallowed Adjustment from Lo	\$.00	.00	\$.00	\$.00	\$.00
01/22/2018		Payment from Lockard and Will	\$.00	.00	\$.00	\$ -408.00	\$.00
01/22/2018		Transfer from Insurance	\$.00	.00	\$.00	\$ -102.00	\$102.00
This balance is your copay/coinsurance, please remit.						Balance:	\$.00
Mark P Miller 12/13/2017	99183	12690 SMS351062 Patricia Lewis NP Physician attendance and supe	\$510.00	1.00	\$510.00	\$510.00	\$.00
01/22/2018		Disallowed Adjustment from Lo	\$.00	.00	\$.00	\$.00	\$.00
01/22/2018		Payment from Lockard and Will	\$.00	.00	\$.00	\$ -408.00	\$.00
01/22/2018		Transfer from Insurance	\$.00	.00	\$.00	\$ -102.00	\$102.00
This balance is your copay/coinsurance, please remit.						Balance:	\$.00
Mark P Miller 12/12/2017	99183	12690 SMS351063 Patricia Lewis NP Physician attendance and supe	\$510.00	1.00	\$510.00	\$510.00	\$.00
01/22/2018		Disallowed Adjustment from Lo	\$.00	.00	\$.00	\$.00	\$.00
01/22/2018		Payment from Lockard and Will	\$.00	.00	\$.00	\$ -408.00	\$.00
01/22/2018		Transfer from Insurance	\$.00	.00	\$.00	\$ -102.00	\$102.00
This balance is your copay/coinsurance, please remit.						Balance:	\$.00
Mark P Miller 12/11/2017	99183	12690 SMS351064 Patricia Lewis NP Physician attendance and supe	\$510.00	1.00	\$510.00	\$510.00	\$.00

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

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STATEMENT

SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION



South Mississippi Surgeons PA
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 Pascagoula MS 39567-3202

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CARD NUMBER	EXP. DATE	AMOUNT
SIGNATURE		MUST INCLUDE 3 DIGIT SECURITY CODE FROM BACK OF CARD

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

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MAKE CHECKS PAYABLE / REMIT TO:

MARK P MILLER
 4500 SCARLET OAK DR
 GAUTIER MS 39553-4918

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STATEMENT

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

DATE	CPT	DESCRIPTION	FEE	UNITS	FEE TOTAL	INSURANCE	PATIENT
01/22/2018		Disallowed Adjustment from Lo	\$.00	.00	\$.00	\$.00	\$.00
01/22/2018		Payment from Lockard and Will	\$.00	.00	\$.00	\$ -408.00	\$.00
01/22/2018		Transfer from Insurance	\$.00	.00	\$.00	\$ -102.00	\$ 102.00
This balance is your copay/coinsurance, please remit.						Balance:	\$.00
Mark P Miller		12690 SMS351065 Patricia Lewis NP					\$ 102.00
12/08/2017	99183	Physician attendance and supe	\$ 510.00	1.00	\$ 510.00	\$ 510.00	\$.00
01/22/2018		Disallowed Adjustment from Lo	\$.00	.00	\$.00	\$.00	\$.00
01/22/2018		Payment from Lockard and Will	\$.00	.00	\$.00	\$ -408.00	\$.00
01/22/2018		Transfer from Insurance	\$.00	.00	\$.00	\$ -102.00	\$ 102.00
This balance is your copay/coinsurance, please remit.						Balance:	\$.00
Mark P Miller		12690 SMS351126 Patricia Lewis NP					\$ 102.00
12/07/2017	99183	Physician attendance and supe	\$ 510.00	1.00	\$ 510.00	\$ 510.00	\$.00
01/22/2018		Disallowed Adjustment from Lo	\$.00	.00	\$.00	\$.00	\$.00
01/22/2018		Payment from Lockard and Will	\$.00	.00	\$.00	\$ -408.00	\$.00
01/22/2018		Transfer from Insurance	\$.00	.00	\$.00	\$ -102.00	\$ 102.00
This balance is your copay/coinsurance, please remit.						Balance:	\$.00
Mark P Miller		12690 SMS351218 Patricia Lewis NP					\$ 102.00
12/18/2017	99183	Physician attendance and supe	\$ 510.00	1.00	\$ 510.00	\$ 510.00	\$.00
01/22/2018		Disallowed Adjustment from Lo	\$.00	.00	\$.00	\$.00	\$.00
01/22/2018		Payment from Lockard and Will	\$.00	.00	\$.00	\$ -408.00	\$.00
01/22/2018		Transfer from Insurance	\$.00	.00	\$.00	\$ -102.00	\$ 102.00
This balance is your copay/coinsurance, please remit.						Balance:	\$.00
Mark P Miller		12690 SMS351224 Patricia Lewis NP					\$ 102.00
12/15/2017	99183	Physician attendance and supe	\$ 510.00	1.00	\$ 510.00	\$ 510.00	\$.00
01/22/2018		Disallowed Adjustment from Lo	\$.00	.00	\$.00	\$.00	\$.00
01/22/2018		Payment from Lockard and Will	\$.00	.00	\$.00	\$ -408.00	\$.00
01/22/2018		Transfer from Insurance	\$.00	.00	\$.00	\$ -102.00	\$ 102.00
This balance is your copay/coinsurance, please remit.						Balance:	\$.00
Mark P Miller		12690 SMS351241 Patricia Lewis NP					\$ 102.00
11/30/2017	99212	Office or other outpatient vi	\$ 75.00	1.00	\$ 75.00	\$ 75.00	\$.00
01/22/2018		Disallowed Adjustment from Lo	\$.00	.00	\$.00	\$ -28.33	\$.00
01/22/2018		Payment from Lockard and Will	\$.00	.00	\$.00	\$ -37.34	\$.00
CURRENT		31-60 DAYS	61-90 DAYS	91-120 DAYS	OVER 120 DAYS	ACCOUNT BALANCE	INSURANCE BALANCE
\$.00		\$.00	\$.00	\$.00	\$ 2049.33	\$ 2049.33	\$.00

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DUE FROM PATIENT
 Continued

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

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MAKE CHECKS PAYABLE / REMIT TO:

MARK P MILLER
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STATEMENT

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DATE	CPT	DESCRIPTION	FEE	UNITS	FEE TOTAL	INSURANCE	PATIENT
01/22/2018		Transfer from Insurance	\$.00	.00	\$.00	\$ -9.33	\$ 9.33
This balance is your copay/coinsurance, please remit.						Balance:	\$.00 \$ 9.33
12/21/2017	99183	Physician attendance and supe	\$510.00	1.00	\$510.00	\$510.00	\$.00
02/02/2018		Disallowed Adjustment from Lo	\$.00	.00	\$.00	\$.00	\$.00
02/02/2018		Payment from Lockard and Will	\$.00	.00	\$.00	\$ -408.00	\$.00
02/02/2018		Transfer from Insurance	\$.00	.00	\$.00	\$ -102.00	\$ 102.00
This balance is your copay/coinsurance, please remit.						Balance:	\$.00 \$ 102.00
12/20/2017	99183	Physician attendance and supe	\$510.00	1.00	\$510.00	\$510.00	\$.00
02/02/2018		Disallowed Adjustment from Lo	\$.00	.00	\$.00	\$.00	\$.00
02/02/2018		Payment from Lockard and Will	\$.00	.00	\$.00	\$ -408.00	\$.00
02/02/2018		Transfer from Insurance	\$.00	.00	\$.00	\$ -102.00	\$ 102.00
This balance is your copay/coinsurance, please remit.						Balance:	\$.00 \$ 102.00
12/19/2017	99183	Physician attendance and supe	\$510.00	1.00	\$510.00	\$510.00	\$.00
02/02/2018		Disallowed Adjustment from Lo	\$.00	.00	\$.00	\$.00	\$.00
02/02/2018		Payment from Lockard and Will	\$.00	.00	\$.00	\$ -408.00	\$.00
02/02/2018		Transfer from Insurance	\$.00	.00	\$.00	\$ -102.00	\$ 102.00
This balance is your copay/coinsurance, please remit.						Balance:	\$.00 \$ 102.00
12/27/2017	99183	Physician attendance and supe	\$510.00	1.00	\$510.00	\$510.00	\$.00
02/02/2018		Disallowed Adjustment from Lo	\$.00	.00	\$.00	\$.00	\$.00
02/02/2018		Payment from Lockard and Will	\$.00	.00	\$.00	\$ -408.00	\$.00
02/02/2018		Transfer from Insurance	\$.00	.00	\$.00	\$ -102.00	\$ 102.00
This balance is your copay/coinsurance, please remit.						Balance:	\$.00 \$ 102.00
12/29/2017	99183	Physician attendance and supe	\$510.00	1.00	\$510.00	\$510.00	\$.00
02/02/2018		Disallowed Adjustment from Lo	\$.00	.00	\$.00	\$.00	\$.00
02/02/2018		Payment from Lockard and Will	\$.00	.00	\$.00	\$ -408.00	\$.00
02/02/2018		Transfer from Insurance	\$.00	.00	\$.00	\$ -102.00	\$ 102.00

CURRENT	31-60 DAYS	61-90 DAYS	91-120 DAYS	OVER 120 DAYS	ACCOUNT BALANCE	INSURANCE BALANCE
\$.00	\$.00	\$.00	\$.00	\$ 2049.33	\$ 2049.33	\$.00

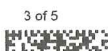
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DUE FROM PATIENT
 Continued

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STATEMENT

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 Pascagoula MS 39567-3202

IF PAYING BY VISA, MASTERCARD OR DISCOVER, FILL OUT BELOW			
<input type="checkbox"/> VISA	<input checked="" type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER	EXP. DATE	AMOUNT	
SIGNATURE		MUST INCLUDE 3 DIGIT SECURITY CODE FROM BACK OF CARD	

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

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DATE	CPT	DESCRIPTION	FEE	UNITS	FEE TOTAL	INSURANCE	PATIENT
This balance is your copay/coinsurance, please remit.					Balance:	\$.00	\$102.00
12/28/2017	99183	Mark P Miller 12690 SMS352135 Patricia Lewis NP Physician attendance and supe	\$510.00	1.00	\$510.00	\$510.00	\$.00
02/02/2018		Disallowed Adjustment from Lo	\$.00	.00	\$.00	\$.00	\$.00
02/02/2018		Payment from Lockard and Will	\$.00	.00	\$.00	\$ -408.00	\$.00
02/02/2018		Transfer from Insurance	\$.00	.00	\$.00	\$ -102.00	\$102.00
This balance is your copay/coinsurance, please remit.					Balance:	\$.00	\$102.00
01/08/2018	99183	Mark P Miller 12690 SMS353997 Patricia Lewis NP Physician attendance and supe	\$510.00	1.00	\$510.00	\$510.00	\$.00
02/05/2018		Transfer from Insurance	\$.00	.00	\$.00	\$ -510.00	\$510.00
06/29/2018		Lockard and Williams says coverage termed 12/31/2017	\$.00	.00	\$.00	\$.00	\$.00
06/29/2018		Disallowed Adjustment from Lo	\$.00	.00	\$.00	\$ -408.00	\$.00
06/29/2018		Payment from Lockard and Will	\$.00	.00	\$.00	\$408.00	\$ -408.00
06/29/2018		Transfer from Insurance	\$.00	.00	\$.00	\$408.00	\$ -408.00
					Balance:	\$.00	\$102.00
01/03/2018	99183	Mark P Miller 12690 SMS354017 Patricia Lewis NP Physician attendance and supe	\$510.00	1.00	\$510.00	\$510.00	\$.00
02/06/2018		Transfer from Insurance	\$.00	.00	\$.00	\$ -510.00	\$510.00
06/29/2018		Lockard and Williams says coverage termed 12/31/2017	\$.00	.00	\$.00	\$.00	\$.00
06/29/2018		Disallowed Adjustment from Lo	\$.00	.00	\$.00	\$ -408.00	\$.00
06/29/2018		Payment from Lockard and Will	\$.00	.00	\$.00	\$408.00	\$ -408.00
06/29/2018		Transfer from Insurance	\$.00	.00	\$.00	\$408.00	\$ -408.00
					Balance:	\$.00	\$102.00
01/02/2018	99183	Mark P Miller 12690 SMS354018 Patricia Lewis NP Physician attendance and supe	\$510.00	1.00	\$510.00	\$510.00	\$.00
02/06/2018		Transfer from Insurance	\$.00	.00	\$.00	\$ -510.00	\$510.00
06/29/2018		Lockard and Williams says coverage termed 12/31/2017	\$.00	.00	\$.00	\$.00	\$.00
06/29/2018		Disallowed Adjustment from Lo	\$.00	.00	\$.00	\$ -408.00	\$.00
06/29/2018		Payment from Lockard and Will	\$.00	.00	\$.00	\$408.00	\$ -408.00
06/29/2018		Transfer from Insurance	\$.00	.00	\$.00	\$408.00	\$ -408.00
					Balance:	\$.00	\$102.00
01/04/2018	99183	Mark P Miller 12690 SMS354019 Patricia Lewis NP Physician attendance and supe	\$510.00	1.00	\$510.00	\$510.00	\$.00
02/05/2018		Transfer from Insurance	\$.00	.00	\$.00	\$ -510.00	\$510.00
						ACCOUNT BALANCE	\$2049.33
						INSURANCE BALANCE	\$.00
CURRENT		31-60 DAYS	61-90 DAYS	91-120 DAYS	OVER 120 DAYS		
\$.00		\$.00	\$.00	\$.00	\$2049.33	\$2049.33	

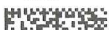
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DUE FROM PATIENT
 Continued

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STATEMENT

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CARD NUMBER	EXP. DATE	AMOUNT
SIGNATURE		MUST INCLUDE 3 DIGIT SECURITY CODE FROM BACK OF CARD

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

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06/29/2018		Lockard and Williams says coverage termed 12/31/2017	\$.00	.00	\$.00	\$.00	\$.00
06/29/2018		Disallowed Adjustment from Lo	\$.00	.00	\$.00	\$ -408.00	\$.00
06/29/2018		Payment from Lockard and Will	\$.00	.00	\$.00	\$ 408.00	\$ -408.00
		Transfer from Insurance	\$.00	.00	\$.00	\$.00	\$ 102.00
					Balance:	\$.00	\$ 102.00
CURRENT		31-60 DAYS	61-90 DAYS	91-120 DAYS	OVER 120 DAYS	ACCOUNT BALANCE	INSURANCE BALANCE
\$.00		\$.00	\$.00	\$.00	\$ 2049.33	\$ 2049.33	\$.00

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\$2049.33

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