Statement Date: 02/02/18

Insurance Information

Primary: LOCKARD & WILLIAMS/SRHS

EMPLOYEES

Secondary:

Financial Assistance Call 1-800-552-3916 or 228-762-8876 Total Amount Due By Patient

\$343.20

This amount is your responsibility

Pay Online or By Phone

Pay online at: www.singingriverhealthsystem.com

(Available 24/7)

Pay by phone: 228-220-4980 OR 844-787-0629

Mail check or credit card information with section

See Back For More Information

Date of Service	Department / Description Account Number	Ohanges	Charges Billed to insurance	ins. Payments / Adjustments	Patient Pmts./ Adjustments	Payment Plan	Total Amount Due By Patient
12/4/2017	Christopher P Karcher, MD 6837916 Mark Primo Miller SINGING RIVER HOSPITAL Wound Care 6913590 M	45109.00	45109.00	-44789.00	0.00		320.00
	PAY TO THE ORDER OF SINGING PAY PAY TO THE ORDER OF SINGING PAY FIRST FEDERAL MEMO 29372	ENGINEERING 0553-1737 VER HEAD THE THE AD 640 640 640 690 690 690 690 690	DAT TH 5457 Nee 4 7/2	7112/2653 E 2-13:	176 2018 343 ²⁰ DOLLARS A		
Pay yo	*1:2653711211: 13	700 44 4 2	3" 1760				\$23.20
⊚ View st	nient 24/7 access atements compatible		- · · ·		AMOUN THIS STATE		\$343.20
	verhealthsystem.com				TOTAL AMOUN BY PA	176,0004.0	\$343.20

PLEASE DETACH HERE AND RETURN BOTTOM PORTION WITH YOUR PAYMENT



PO BOX 3475 TOLEDO, OH 43607 RETURN SERVICE REQUESTED

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



00108

MASTERCARD DISCOVER VISA AMERICAN EXPRESS CHECK CARD NUMBER SIGNATURE STATEMENT DATE 02/02/18 02/22/18 DOTREES AMOUNT EXP. DATE ACCOUNT NUMBER 02/02/18 29372 TOTAL AMOUNT DUE BY PATIENT \$343.20	IF PAYING BY CREDIT CARD, P	LEASE CHECK I	BOX FOR SELE	CTION AND	FILL OUT BELOW.
SIGNATURE EXP. DATE		VISA I	EXP	HESS	CHECK
STATEMENT DATE DUE DATE ACCOUNT NUMBER	CARD NUMBER	BOOTE 4		AMOUNT	
02/02/18 02/22/18 29372 TOTAL ABROUNT ENCLOSED	SIGNATURE		· · ·	EXP. DAT	E
TOTAL ABROUNT AMOUNT ENCLOSED	STATEMENT DATE	DUE I	DATE	ACCOL	INT NUMBER
TOTAL AND INTEREST AND ADDRESS OF THE PROPERTY	02/02/18	02/22/18		29372	
		\$343.20			

Make Checks Payable and Mail To:

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

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

01/18/2018	\$102.60	12690
STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
SIGNATURE		EXP. DATE
CARD NUMBER		SIGNATURE CODE
	ASTERCARD	VISA VISA

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

PAYMENT DUE BY: 02/02/2018

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

PAGE: 2 of 3

SHOW AMOUNT	a fre
PAID HERE	Ţ,

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<u>Կիիդ Միիստ իր գիրանարին անգական հայտնում իրի գ</u> SOUTH MISSISSIPPI SURGEONS PA 2525 TELEPHONE RD PASCAGOULA, MS 39567-3202

31090-39AF*T400MLV28000057

STATEMENT

31090-39AF

DATE	СРТ		DESCRIPTION			FEE		UNITS	FEE TOTAL	INSURANCE	PATIENT
01/05/2018		Payment	from Lockard an	d Williams SRHS	3	O	0.00	.00	0.00	-125.29	0.00
-										0.00	31.32
Mark P Mil	ler		SMS3479	41 Traci	e George 1	15		Sin	ging Rive	r Hospital	_
10/24/2017	11042	Debridem	ent; skin, and	subcutaneous ti	ssue	425	.00	1.00	425.00	425.00	0.00
12/29/2017		Transfer	from Insurance			0	0.00	.00	0.00	-31.32	31.32
		This bal	ance is your co	pay/coinsurance	÷,						
		please r	emit.								
01/05/2018		Disallow	ed Adjustment f	rom Lockard and	1	0	0.00	.00	0.00	-268.39	0.00
01/05/2018		Payment	from Lockard an	d Williams SRHS	3	0	0.00	.00	0.00	-125.29	0.00
										0.00	31.32
Mark P Mil	ler		SMS3484	50 Patri	cia Lewis	NP		Sin	ging Rive	r Hospital	
11/09/2017	99212	Office o	r other outpati	ent visit for t	:he	75	00.6	1.00	75.00	75,00	0.00
12/29/2017		Transfer	from Insurance			0	0.00	.00	0.00	-9.33	9.33
		This bal	ance is your co	pay/coinsurance	÷,						
		please r	emit.								
01/05/2018		Disallow	ed Adjustment f	rom Lockard and	1	l 0	0.00	.00	0.00	-28.33	0.00
01/05/2018		Payment	from Lockard an	d Williams SRHS	;	0	0.00	.00	0.00	-37.34	0.00
•	ĺ								0.00	9.33	
Mark P Mil	ler		SMS3491	.49 Patri	cia Lewis	NP		Sin	ging Rive	r Hospital	_
11/13/2017	99212	Office o	r other outpati	ent visit for t	:he	75	.00	1.00	75.00	75.00	0.00
12/29/2017		Transfer	from Insurance			0	0.00	.00	0.00	-9.33	9.33
ŧ		This bal	ance is your co	pay/coinsurance	: ,						
		please r	emit.					Ì			
SAVE TIME	AND	NONEY	! Have your	monthly pa	yment auto	matic	ally	deduct	ed from vo	ur bank ad	count.
Sign up tod	lay and	receiv	e a 10% disc	ount on you	r balance.	Call A	\nne	tte, Jac	kie or Elés	ha at	
228-762-448	3.							,		4	
CURRENT	31-60	DAYS	61-90 DAYS	91-120 DAYS	OVER 120 D/	AYS	ACC	OUNT BALAI	NCE INSURAN	CE BALANCE	
	1				l						

Reflects transactions posted through 01/18/2018

DUE FROM PATIENT CONTINUED

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



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

31090-39AF

(VISA) M	ASTERCARD	VISA VISA
CARD NUMBER		SIGNATURE CODE
SIGNATURE		EXP. DATE
STATEMENT DATE	PAYTHIS AMOUNT	ACCT.#
01/18/2018	\$102.60	12690

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

PAYMENT DUE BY: 02/02/2018

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

PAGE: 3 of 3

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

31090-39AF*T400MLV28000057

DATE CPT	DESCRIPTION	FEE	UNITS	FEE TOTAL	INSURANCE	PATIENT
01/05/2018 01/05/2018	Disallowed Adjustment from Lockard and Payment from Lockard and Williams SRHS	0.00	.00	0.00 0.00	-28.33 -37.34 0.00	0.00 0.00 9.33

Sign up today and receive a 10% discount on your balance. Call Annette, Jackie or Elesha at

CURRENT	31-60 DAYS	61-90 DAYS	91-120 DAYS	OVER 120 DAYS	ACCOUNT BALANCE	INSURANCE BALANCE
\$81.30	\$21.30	\$.00	\$.00	\$.00	\$8337.60	\$8235.00

Reflects transactions posted through 01/18/2018

DUE FROM PATIENT \$102.60

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

