

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 below.

See Back For More Information

Table with columns: Date of Service, Department / Description Account Number, Charges, Charges Billed to Insurance, Ins. Payments / Adjustments, Patient Pmts./ Adjustments, Payment Plan, Total Amount Due By Patient. Rows for 10/24/2017 and 12/4/2017.

Check stub from First Federal Bank, dated 2-13-2018, payable to SINGING RIVER HEALTH SYSTEM for \$343.20. Includes MICR line and routing information.

Pay you

- Convenient 24/7 access
View statements
Mobile compatible

singingriverhealthsystem.com

\$23.20

\$343.20

AMOUNT DUE THIS STATEMENT
TOTAL AMOUNT DUE BY PATIENT

\$343.20

PLEASE DETACH HERE AND RETURN BOTTOM PORTION WITH YOUR PAYMENT

SINGING RIVER HEALTH SYSTEM

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.

Form for credit card payment with fields for card type, number, signature, statement date, due date, and amount enclosed.

Make Checks Payable and Mail To:

657297F (PC2)

SINGING RIVER HEALTH SYSTEM
MAILSTOP: 79526847
PO BOX 660940
DALLAS, TX 75266-0940

001087 0101

MARK PRIMO MILLER
4500 SCARLET OAK DR
GAUTIER, MS 39553-4918



7952684730000000000000000000293720202201800000343204

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

31090-39AF



005438  
0203

PAYMENT DUE BY: 02/02/2018

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 checked="" type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA	<input type="checkbox"/> VISA
CARD NUMBER	SIGNATURE CODE	
SIGNATURE	EXP. DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
01/18/2018	\$102.60	12690
SHOW AMOUNT PAID HERE		\$

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200002

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

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

31090-39AF\*T400MLV28000057

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
01/05/2018		Payment from Lockard and Williams SRHS	0.00	.00	0.00	-125.29	0.00
						0.00	31.32
		<b>Mark P Miller</b> SMS347941 Tracie George NP Singing River Hospital					
10/24/2017	11042	Debridement; skin, and subcutaneous tissue	425.00	1.00	425.00	425.00	0.00
12/29/2017		Transfer from Insurance	0.00	.00	0.00	-31.32	31.32
		This balance is your copay/coinsurance, please remit.					
01/05/2018		Disallowed Adjustment from Lockard and	0.00	.00	0.00	-268.39	0.00
01/05/2018		Payment from Lockard and Williams SRHS	0.00	.00	0.00	-125.29	0.00
						0.00	31.32
		<b>Mark P Miller</b> SMS348450 Patricia Lewis NP Singing River Hospital					
11/09/2017	99212	Office or other outpatient visit for the	75.00	1.00	75.00	75.00	0.00
12/29/2017		Transfer from Insurance	0.00	.00	0.00	-9.33	9.33
		This balance is your copay/coinsurance, please remit.					
01/05/2018		Disallowed Adjustment from Lockard and	0.00	.00	0.00	-28.33	0.00
01/05/2018		Payment from Lockard and Williams SRHS	0.00	.00	0.00	-37.34	0.00
						0.00	9.33
		<b>Mark P Miller</b> SMS349149 Patricia Lewis NP Singing River Hospital					
11/13/2017	99212	Office or other outpatient visit for the	75.00	1.00	75.00	75.00	0.00
12/29/2017		Transfer from Insurance	0.00	.00	0.00	-9.33	9.33
		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 Elisha at 228-762-4483.

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**  
▶▶▶▶ CONTINUED

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



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

31090-39AF



005438  
 0103

PAYMENT DUE BY: 02/02/2018

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: 01/18/2018    PAY THIS AMOUNT: \$102.60    ACCT. #: 12690

SHOW AMOUNT PAID HERE \$

PAGE: 3 of 3

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\*T400MLV28000057

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
01/05/2018		Disallowed Adjustment from Lockard and	0.00	.00	0.00	-28.33	0.00
01/05/2018		Payment from Lockard and Williams SRHS	0.00	.00	0.00	-37.34	0.00
						0.00	9.33

\$102.60  
 Paid CHK 1761  
 2-13-2018  
 NPM

**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
\$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.

