31090-39AF

	IECK CARD USING FOR PAYME	
MasterCardy MA	ASTERCARD	VISA
CARD NUMBER		SIGNATURE CODE
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCT.#
02/22/2018	\$3681.33	12690



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PAYMENT DUE BY: 03/09/2018

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

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

PAGE: 1 of 7

SHOW AMOUNT PAID HERE

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31090-39AF\*T4Z0LOE9W000067

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	CPT	-	DESCRIPTION	1	á .		FEE	UNITS	FEE TOTAL	INSURANCE	PATIENT
Mark P Mil	ler		SMS3501	.08	Patric	ia Lewis	NP	Sin	nging Rive	r Hospital	
12/05/2017	99183	Physicia	n attendance an	d sup	ervision of		510.00	1.00	510.00	510.00	0.00
01/19/2018		Disallow	ed Adjustment f	rom L	ockard and		0.00	.00	0.00	0.00	0.00
01/19/2018		,	from Lockard an		liams 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 bal	ance is your co	pay/c	oinsurance,						
		please r	emit.				. S				
		٠, -						ribon:	A see	0.00	102.00
Mark P Mil			SMS3501			ia Lewis	1		nging Rive	-	-
12/06/2017	99183		n attendance an				510.00	1.00	the second second		0.00
01/19/2018		4	ed Adjustment f				0.00	.00	1		0,00
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01/19/2018			from Insurance				0.00	.00	0.00	-102.00	102.00
		1	ance is your co	pay/c	oinsurance,					a series a	
×		please r	emit.								
Marila D M 1	7		GMG2E10		D					0.00	102.00
Mark P Mil		51	SMS3510			ia Lewis		S Do		r Hospital	
12/14/2017	99183		n attendance an				510.00	1.00			0.00
01/22/2018 01/22/2018		The second is presented as	ed Adjustment f from Lockard an				0.00	.00			0.00
01/22/2018			from Insurance		tiams skis		0.00	.00	0.0000000000000000000000000000000000000	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.00
01/22/2010			ance is your co		oincurence		0.00	.00	0.00	-102.00	102.00
. =		please r	Calculation of the Contract Contract	pay/c	orrisul ance,		-				
SAVE TIME	AND		! Have your	mo	nthly nav	ment auto	matically	deduc	ted from ve	ur hank ac	count
Sign up toc	lav and	receiv	e a 10% disc	ount	on vour	halance	Call Ann	ette la	ckie or Fles	ha at	count.
228-762-448	33.		10 /0 diloo	- 91116	,		- MII / MIII	7.10, 50	DILLO OI MICK	100 00	v
CURRENT	31-60	DAYS	61-90 DAYS	91-	120 DAYS	OVER 120 D	AYS ACC	OUNT BALA	NCE INSURAN	ICE BALANCE	
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Reflects transactions posted through 02/22/2018

DUE FROM PATIENT

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31090-39AF



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PAYMENT DUE BY: 03/09/2018

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

IF PAYING BY N	MASTERCARD OR VISA, FILI	OUT BELOW.
CHE	ECK CARD USING FOR PAYME	NT
	STERCARD	VISA VISA
CARD NUMBER		SIGNATURE CODE
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
02/22/2018	\$3681.33	12690
33 EXT 231.	SHOW AMO	UNT A

PAGE: 2 of 7

իկիրակինորդ||իսրժիրիՍիդՍիվՍիՍիժոմ|իվՍիկիկ MARK P MILLER 4500 SCARLET OAKS DRIVE GAUTIER, MS 39553-4918

<u>Կիրդիկիսնիկըվիիսնորվըննտիներիիի</u>գ SOUTH MISSISSIPPI SURGEONS PA 2525 TELEPHONE RD PASCAGOULA, MS 39567-3202

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STATEMENT

DATE	CPT	' =	DESCRIPTIO	N			FEE	UNITS	FFF	TOTAL	INSURANCE	PATIENT
								-	,	101712	111001711102	TATIENT
							9				0.00	102.0
Mark P M			SMS351		Patricia	Lewis			nging	Rive	: Hospital	
12/13/2017	99183		n attendance ar				510.00		5	10.00	510.00	0.0
01/22/2018			ed Adjustment f				0.00	.00		0.00	0.00	0.0
01/22/2018	v o		from Lockard ar		iams SRHS		0.00	.00		0.00	-408.00	0.0
01/22/2018			from Insurance				0.00	.00		0.00	-102.00	102.00
		This bal	ance is your co	pay/co	insurance,							
		please r	emit.									
	" yky = y										0.00	102.00
Mark P M	ller		SMS3510	063	Patricia	Lewis	NP	Sin	nging	Rive	Hospital	
12/12/2017	99183	Physicia	n attendance ar	nd super	rvision of		510.00	1.00	5	10.00	510.00	0.00
01/22/2018		Disallow	ed Adjustment f	rom Lo	ckard and		0.00	.00	11	0.00	0.00	0.00
01/22/2018	A 1.0	Payment	Payment from Lockard and Williams SRHS					.00		0.00	-408.00	0.00
01/22/2018	F	Transfer	from Insurance	9			0.00	.00		0.00	-102.00	102.00
	21	This bal	ance is your co	pay/co	insurance,				5.	8 .	x 2	
		please r	emit.				11 0				7 1 1 1	
	v in									14	0.00	102.00
Mark P M	ller	1.	SMS3510	064	Patricia	Lewis	NP	Sin	nging	River	Hospital	. 0 3332737 000
12/11/2017	99183	Physicia	n attendance ar	nd super	rvision of		510.00	1.00	5	10.00	510.00	0.00
01/22/2018		Disallow	ed Adjustment f	rom Lo	ckard and		0.00	.00	4	0.00	0.00	0.00
01/22/2018		Payment	from Lockard ar	nd Will	iams SRHS		0.00	.00	1 8 8 <sup>4</sup>	0.00	-408.00	0.00
01/22/2018		Transfer	from Insurance	2			0.00	.00		0.00	-102.00	102.00
			ance is your co							1		
SAVE TIN	EAND	MONEY	! Have you	r mon	thly paym	ent auto	maticall	deduc	ted fro	m yo	ur bank ac	count.
Sign up to	day and	receiv	e a 10% disc	ount	on your ba	alance.	Call Ann	ette, Ja	ckie or	Eles	ha at	
228-762-4	483.						y		s 5.			
CURRENT	71-41	DAYS	61-90 DAYS	01-11	20 DAYS O	VER 120 D	AVC ACC	COUNT BALA	NOE V	LCUD ANO	E BALANCE	

Reflects transactions posted through 02/22/2018

**DUE FROM PATIENT** CONTINUED



Please check box if address is incorrect or insurance

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

IF PAYING BY MASTERCARD OR VISA, FILL OUT BELOW.

PAY THIS AMOUNT

ACCT. #

12690

\$3681.33

**SHOW AMOUNT** PAID HERE

000001889-A

\$2652.00

PAYMENT DUE BY: 03/09/2018

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

PAGE: 3 of 7

STATEMENT DATE

02/22/2018

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

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

31090-39AF\*T4Z0LOE9W000067

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE CPT DESCRIPTION FEE UNITS FEE TOTAL INSURANCE PATIENT please remit. 0.00 102.00 Mark P Miller SMS351065 Patricia Lewis NP Singing River Hospital 12/08/2017 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. 0.00 102.00 Mark P Miller SMS351126 Patricia Lewis NP Singing River Hospital 99183 12/07/2017 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. 0.00 102.00 Mark P Miller SMS351218 Patricia Lewis NP Singing River Hospital 12/18/2017 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 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

Reflects transactions posted through 02/22/2018

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\$.00

\$3681.33

\$1029.33

**DUE FROM PATIENT** CONTINUED

\$.00



Please check box if address is incorrect or insurance

31090-39AF

IF PAYING BY MASTERCARD OR VISA, FILL OUT BELOW. CHECK CARD USING FOR PAYMENT MASTERCARD EXP. DATE STATEMENT DATE **PAY THIS AMOUNT** ACCT. # 02/22/2018 12690 \$3681.33



PAYMENT DUE BY: 03/09/2018

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

PAGE: 4 of 7

<u>իրկիսուկիժութվ||իսրժիսըՍիգիկթ||Արկիժոմ|իվՍիիիկ</u> **MARK P MILLER** 4500 SCARLET OAKS DRIVE GAUTIER, MS 39553-4918

կիլոյ#կիլուհ|Կլով||իսհաբոկըհետիոերվի|Կիգ SOUTH MISSISSIPPI SURGEONS PA 2525 TELEPHONE RD PASCAGOULA, MS 39567-3202

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SHOW AMOUNT PAID HERE

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	CPT		DESCRIPTION			FEE	UNITS	FEE TOTAL	INSURANCE	PATIENT
		This bal	ance is your cop	pay/coinsurance	,	2 0		W 19	Bi W	17
		please r	emit.						. "	
									0.00	102.00
Mark P Mi			SMS3512		cia Lewis			nging Rive	_	
12/15/2017	99183		n attendance and		f	510.00	1.00		510.00	0.0
01/22/2018		1	ed Adjustment fr			0.00	.00		0.00	0.0
01/22/2018			from Lockard and	d Williams SRHS		0.00	.00	0.00	-408.00	0.00
01/22/2018		1//10 595/5/5 6 /6//	from Insurance			0.00	.00	0.00	-102.00	102.0
		1	ance is your cop	pay/coinsurance			-	#		
		please r	emit.						n tore , a	
								H = " #	0.00	102.00
Mark P Mi	ller	A	SMS3512	41 Patrio	cia Lewis	NP	Sir	nging Rive	Hospital	
11/30/2017	99212	Office o	r other outpatio	ent visit for t	ne	75.00	1.00	75.00	75.00	0.0
01/22/2018		Disallow	isallowed Adjustment from Lockard and				.00	0.00	-28.33	0.00
01/22/2018		Payment	from Lockard and	d Williams SRHS		0.00	.00	0.00	-37.34	0.00
01/22/2018		Transfer	from Insurance			0.00	.00	0.00	-9.33	9.33
= 2 2 0 112 20		This bal	ance is your cop	pay/coinsurance	,		-	1 5 5		
0		please r	emit.					1 / P	8 , - 0	
							* *		0.00	9.33
Mark P M	ller	2 0	SMS3519	59 Patrio	cia Lewis	NP	Sir	nging River	: Hospital	
12/21/2017	99183	Physicia	n attendance and	d supervision o	f	510.00	1.00	510.00	510.00	0.00
02/02/2018		Disallow	ed Adjustment fr	om Lockard and		0.00	.00	0.00	0.00	0.00
02/02/2018		Payment	from Lockard and	d Williams SRHS		0.00	.00	0.00	-408.00	0.00
SAVE TIM	EAND	MONEY	! Have your	monthly pay	ment auto	matically	deduc	ted from yo	ur bank ac	count.
Sign up to	day and	d receiv	e a 10% disco	ount on your	balance.	Call Ann	ette, Ja	ckie or Eles	ha at	
228-762-4	183.	1 2 2				× =			2-	
CURRENT	31-6	0 DAYS	61-90 DAYS	91-120 DAYS	OVER 120 D	AYS ACC	OUNT BALA	NCE INSURANC	CE BALANCE	

Reflects transactions posted through 02/22/2018

**DUE FROM PATIENT** CONTINUED



31090-39AF



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PAYMENT DUE BY: 03/09/2018

4500 SCARLET OAKS DRIVE

GAUTIER, MS 39553-4918

MARK P MILLER

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

		70. BEE0
CH	ECK CARD USING FOR PAYMEN	NT
MatterCaro-MA	STERCARD	VISA
CARD NUMBER		SIGNATURE CODE
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
02/22/2018	\$3681.33	12690

IF PAYING BY MASTERCARD OR VISA FILL OUT BELOW

PAGE: 5 of 7

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

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**SHOW AMOUNT** PAID HERE

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	r. n	DESCRIPTION	2		FEE		UNITS	FEE TOTAL	INSURANCE	PATIENT
02/02/2018		Transfer fr	om Insurance			0	0.00	.00	0.0	-102.00	102.00
		This balanc	e is your co	pay/coinsurance	,	=					
		please remi	t.					10 90			15
								31		0.00	102.00
Mark P Mi	ller	0 2	SMS3519	79 Tracie	e George	NP		Sir	ging Riv	er Hospita	1
12/20/2017	99183	Physician a	ittendance and	d supervision o	f	510	0.00	1.00	510.0	510.00	0.00
02/02/2018		Disallowed	Adjustment f	rom Lockard and		0	0.00	.00	0.0	0.00	0.00
02/02/2018		Payment fro	m Lockard and	d Williams SRHS		0	0.00	.00	0.0	-408.00	0.00
02/02/2018		Transfer fr	om Insurance			0	0.00	.00	0.0	-102.00	102.00
		l .		pay/coinsurance							
		please remi	t.							X a s	
		2 2 2 7 7						5		0.00	102.00
Mark P M		-	SMS3519	81 Patrio	cia Lewis	NP		Sir	ging Riv	er Hospita	1
12/19/2017	99183			d supervision o	f	510	0.00	1.00	510.0	510.00	0.00
02/02/2018		The second secon		rom Lockard and		0	0.00	.00	0.0	0.00	0.00
02/02/2018				d Williams SRHS		0	0.00	.00	0.0	-408.00	0.00
02/02/2018		Transfer fr	om Insurance			0	0.00	00	0.0	-102.00	102.00
		This balanc	e is your cop	pay/coinsurance							2
		please remi	t.								
										0.00	102.00
Mark P Mi			SMS3519		cia Lewis	NP		Sin	ging Riv	er Hospita	_
12/27/2017	99183	Physician a	ittendance and	d supervision of	f	510	0.00	1.00	510.0	510.00	0.00
02/02/2018				rom Lockard and			0.00	.00	0.0		0.00
SAVE TIM	<u>E AND I</u>	MONEY!	Have your	monthly pay	ment auto	matic	ally	deduc	ted from y	our bank ac	count.
Sign up to 228-762-44	day and	receive a	10% disc	ount on your	balance.	Call A	Anne	ette, Jac	kie or Ele	sha at	Til .
		L									
CURRENT	31-60	DAYS 6	1-90 DAYS	91-120 DAYS	OVER 120 D	AYS	ACC	DUNT BALA	NCE INSURA	NCE BALANCE	n a
\$2652.0	0 \$10	029.33	\$.00	\$.00	\$	.00		3681.3	3	\$.00	i ii

Reflects transactions posted through 02/22/2018

**DUE FROM PATIENT** CONTINUED



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\$2652.00

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

PAYMENT DUE BY: 03/09/2018

GAUTIER, MS 39553-4918

1 Please check box if address is incorrect or insurance

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

31090-39AF

MASTERCARD

VISA

12690

ACCT. #

STATEMENT DATE PAY THIS AMOUNT 02/22/2018 \$3681.33

PAGE: 6 of 7

SHOW AMOUNT PAID HERE

իկիրոկինորվ|իորժիրակիր|կիվիկինով|իկիկի MARK P MILLER 4500 SCARLET OAKS DRIVE

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

կ||գլյ#||լիսմ։|Ալյվ|||սՄալո|լլմմաիմալիկիկգ SOUTH MISSISSIPPI SURGEONS PA 2525 TELEPHONE RD PASCAGOULA, MS 39567-3202

IF PAYING BY MASTERCARD OR VISA, FILL OUT BELOW.

31090-39AF\*T4Z0LOE9W000067

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE CPT DESCRIPTION FEE UNITS FEE TOTAL INSURANCE PATIENT 02/02/2018 Payment from Lockard and Williams SRHS 0.00 .00 0.00 -408.00 0.00 02/02/2018 0.00 Transfer from Insurance .00 0.00 -102.00 102.00 This balance is your copay/coinsurance, please remit. 0.00 102.00 Singing River Hospital Mark P Miller SMS352134 Patricia Lewis NP 12/29/2017 99183 Physician attendance and supervision of 510.00 1.00 510.00 510.00 0.00 02/02/2018 Disallowed Adjustment from Lockard and 0..00 .00 0.00 0.00 0.00 02/02/2018 Payment from Lockard and Williams SRHS 0.00 .00 0.00 -408.00 0.00 02/02/2018 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 SMS352135 Patricia Lewis Singing River Hospital 99183 12/28/2017 Physician attendance and supervision of 510.00 1.00 510.00 510.00 0.00 02/02/2018 Disallowed Adjustment from Lockard and 0.00 0.00 .00 0.00 0.00 02/02/2018 Payment from Lockard and Williams SRHS 0.00 .00 0.00 -408.00 0.00 02/02/2018 0.00 Transfer from Insurance .00 0.00 -102.00 102.00 This balance is your copay/coinsurance, please remit. 0.00 102.00 Mark P Miller SMS353997 Patricia Lewis NP Singing River Hospital 01/08/2018 99183 Physician attendance and supervision of 510.00 1.00 510.00 510.00 0.00 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

Reflects transactions posted through 02/22/2018

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\$.00

\$.00

\$3681.33

\$1029.33

**DUE FROM PATIENT** CONTINUED

\$.00



31090-39AF

MasterCend	ECK CARD USING FOR PAYMEI  ASTERCARD	NT  VISA  VISA
CARD NUMBER	Name of the state	SIGNATURE CODE
SIGNATURE		EXP. DATE
STATEMENT DATE	PAYTHIS AMOUNT	ACCT. #
02/22/2018	\$3681.33	12690

IF PAYING BY MASTERCARD OR VISA, FILL OUT BELOW.



PAYMENT DUE BY: 03/09/2018

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

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

PAGE: 7 of 7

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

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SHOW AMOUNT PAID HERE

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	CPT	4 1	DESCRIPTION			FEE	UNITS	FEE TOTAL	INSURANCE	PATIENT
02/05/2018				ys coverage term	ed	0.00	.00	0.00	-510.00	510.00
	2	11 72 31	Δ)						0.00	510.00
Mark P Mil		P 20 0	SMS3540		ia Lewis			nging River		
01/03/2018	99183			d supervision of		510.00	1.00		510.00	0.00
02/06/2018				s coverage terme	d	0.00	.00	0.00	-510.00	510.00
							er 14		0.00	510.00
Mark P Mil	ler		SMS3540	18 Patric	ia Lewis	NP	Sir	nging River	Hospital	W/ 12 (27) 4/27 (20)
01/02/2018	99183	Physicia	n attendance an	d supervision of		510.00	1.00		510.00	0.00
02/06/2018				ys coverage term	ed	0.00	.00	0.00	-510.00	510.00
		12/31/20	11						0.00	510.00
Mark P Mil	ler	120	SMS3540	19 Patric	ia Lewis	NP	Sir	nging River		
01/04/2018	99183	Physicia		d supervision of		510.00	1.00		510.00	0.00
02/05/2018		Transfer Lockard	from Insurance and Williams sa	ys coverage term		0.00	.00		-510.00	510.00
		12/31/20	17						0.00	510.00
Sign up toc 228-762-448	day and 83.	l receiv	e a 10% disc	monthly pay ount on your	balance.	Call Ann	ette, Ja	ckie or Elesi	na at	count.
CURRENT	31-60	DAYS	61-90 DAYS	91-120 DAYS	OVER 120 D	AYS ACC	OUNT BALA	NCE INSURANC	E BALANCE	
\$2652.00		029.33	\$.00	\$.00		.00	\$3681.3		\$.00	

Reflects transactions posted through 02/22/2018

DUE FROM PATIENT

⇒►►► \$3681.33

