

NURSING PRACTICE CORP
 5200 ANTHONY WAYNE DR
 SUITE 115
 DETROIT, MI 48202-3961

36933



008471
 0101

FOR BILLING INQUIRIES, PLEASE CALL: 734-403-4500 x

IF PAYING BY MASTERCARD, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.

CHECK CARD USING FOR PAYMENT

MASTERCARD VISA AMERICAN EXPRESS
 MASTERCARD VISA AMERICAN EXPRESS

CARD NUMBER _____ SIGNATURE CODE _____

SIGNATURE _____ EXP. DATE _____

STATEMENT DATE: 02/17/2017 PAY THIS AMOUNT: \$20.00 ACCT. #: 33977

SHOW AMOUNT PAID HERE \$

400004A

PAGE: 1 of 1



BILL TEST
 5200 ANTHONY WAYNE DR
 STE 115
 DETROIT, MI 48202-3961 USA



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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
Bill Test		072775 Ann Clifton AND NP					Nursing Practice Corporation
01/31/2017	99204	Office Visit, New Patient, Level IIII	261.00	1.00	261.00	261.00	0.00
01/31/2017	87880	Quick Strep - Infectious agent detection by	25.00	1.00	25.00	25.00	0.00
02/06/2017		Contractual Adjustment from Blue Cross Blue	0.00	.00	0.00	-104.00	0.00
02/06/2017		Payment from Blue Cross Blue Shield of	0.00	.00	0.00	-162.00	0.00
02/06/2017		Transfer from Insurance	0.00	.00	0.00	-20.00	20.00
		Tranfer was due to your coinsurance				0.00	20.00
CURRENT		31-60 DAYS	61-90 DAYS	91-120 DAYS	OVER 120 DAYS	ACCOUNT BALANCE	INSURANCE BALANCE
\$20.00		\$.00	\$.00	\$.00	\$.00	\$20.00	\$.00

Reflects transactions posted through 02/17/2017

DUE FROM PATIENT
 ▶▶▶▶ \$20.00

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 Please remit payment promptly.

