

CAPITOL CITY PHYSICAL THERAPY

123 N MAIN STREET
 COLUMBUS OH 43218
 RETURN SERVICE REQUESTED

If you have questions about your bill, call
 CAPITOL CITY PHYSICAL THERAPY (614)555-3333
 or Health Data Solutions 304-755-8088

Account No.	Statement Date	Account Balance	Payment Due
AUTRY1	Sep 11, 2005	\$20.00	\$20.00
CREDIT CARD	Select Card <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> American Express		
Card No.			Exp. Date
Signature			Amount Paid
CHECK	Check No.	Amount Paid	



1

Make checks payable to:

CAPITOL CITY PHYSICAL THERAPY
 123 N MAIN ST
 COLUMBUS OH 43218

GERALDINE AUTRY
 256 CABLE AVE
 COLUMBUS OH 43218

Check if your billing information has changed
 Provide update(s) above or on the reverse side.

Please detach and return top portion with your payment

Messages

- September is National Physical Therapy Month.
- Join us for an open house celebration September 21st at 7:00 p.m.
- Bring your family!

Statement Detail Statement Date Sep 11, 2005 Account No. AUTRY1

DATE	Bill #	Patient	Description	Amount
08/10/2005	1	GERALDINE	THERAPEUTIC EXERCISES	\$88.00
08/10/2005	1	GERALDINE	ELECTRICAL STIM	\$32.87
08/27/2005	1	GERALDINE	Insurance Payment	(\$51.54)
08/27/2005	1	GERALDINE	Insurance Adjustment	(\$56.44)
09/08/2005	1	GERALDINE	Secondary Insurance Payment	(\$2.89)
Bill # 1 Subtotal				\$10.00
08/15/2005	2	GERALDINE	THERAPEUTIC EXERCISES	\$88.00
08/15/2005	2	GERALDINE	NEUROMUSCULAR RE-EDUCATION	\$46.00
08/15/2005	2	GERALDINE	MUSCLE TEST W REPORT	\$65.00
09/02/2005	2	GERALDINE	Insurance Payment	(\$85.86)
09/02/2005	2	GERALDINE	Insurance Adjustment	(\$91.67)
09/11/2005	2	GERALDINE	Secondary Insurance Payment	(\$11.47)
Bill # 2 Subtotal				\$10.00

Amount Due
\$20.00

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Account No.	Statement Date	Account Balance	Payment Due
BAILEY1	Sep 11, 2005	\$109.36	\$109.36
CREDIT CARD	Select Card <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> American Express		
Card No.			Exp. Date
Signature			Amount Paid
CHECK	Check No.	Amount Paid	



2

Make checks payable to:

CAPITOL CITY PHYSICAL THERAPY
 123 N MAIN ST
 COLUMBUS OH 43218

BARRY BAILEY
 546 JOHN DEER RD
 COLUMBUS OH 43218

Check if your billing information has changed
 Provide update(s) above or on the reverse side.

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Messages

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Statement Detail		Statement Date Sep 11, 2005		Account No. BAILEY1
DATE	Bill #	Patient	Description	Amount
08/17/2005	3	BARRY	PHYSICAL THERAPY EVAL	\$112.00
08/31/2005	3	BARRY	INSURANCE PMT APPLIED TO DEDUCTIBLE	\$0.00
08/31/2005	3	BARRY	Insurance Adjustment	(\$44.88)
Bill # 3 Subtotal				\$67.12
08/19/2005	4	BARRY	THERAPEUTIC ULTRASOUND	\$20.00
08/19/2005	4	BARRY	THERAPEUTIC EXERCISES	\$88.00
08/19/2005	4	BARRY	ELECTRICAL STIM UNATT	\$23.00
09/05/2005	4	BARRY	INSURANCE PMT APPLIED TO DEDUCTIBLE	(\$43.57)
09/05/2005	4	BARRY	Insurance Adjustment	(\$65.19)
Bill # 4 Subtotal				\$22.24
08/21/2005	5	BARRY	THERAPEUTIC ULTRASOUND	\$20.00
08/21/2005	5	BARRY	THERAPEUTIC EXERCISES	\$88.00
09/10/2005	5	BARRY	Insurance Payment	(\$63.43)
09/10/2005	5	BARRY	Insurance Adjustment	(\$24.57)
Bill # 5 Subtotal				\$20.00

Amount Due
\$109.36

