MEDICAL EXPENSE REPORT

PAUL DULBERG

DATE OF ACCIDENT: JUNE 28, 2011

DATE OF REPORT: NOVEMBER 20, 2013

MEDICAL EXPENSES

Paul Dulberg

Date of Accident: June 28, 2011

Date of Report: November 20, 2013

Moraine Emergency Physicians
PO Box 8759
Philadelphia, PA 19101-8759
800-355-2470 - Acct. MNI711179003233

06/28/11	$1,346.00	$1,346.00

Northern Illinois Medical Center
4201 Medical Center Drive
McHenry, IL 60050-8409
815-344-5000 - Acct. 11179-00323

06/28/11	$1,323.75	$1,323.75

McHenry Radiologists Imaging Associates
PO Box 220
McHenry, IL 60051-0220
815-759-0800 - Acct. 235130-QMRIG

06/28/11	$50.00	$50.00

Dr. Frank W. Sek
4606 W. Elm Street
McHenry, IL 60050
815-385-0164

07/01/11	$80.00	
07/08/11	80.00	
01/14/12	80.00	
02/13/12	80.00	
03/13/13	100.00	
04/24/13	90.00	
08/06/12	80.00	
Total		$590.00

Associated Neurology SC
Attn: Dr. Levin
1900 Hollister Drive
Suite 250
Libertyville, IL 60048

847-549-0055 - Chart # 18062

07/28/11	$225.00	
08/10/11	930.00	
01/30/12	105.00	
02/13/12	75.00	
03/13/12	1,415.00	
05/16/12	75.00	
02/04/13	115.00	
08/14/13	75.00	
Total		$3,015.00

MidAmerica Hand to Shoulder Clinic
Dr. Talerico
75 Remittance Drive
Suite 6035
Chicago, IL 60675
708-237-7200 - Acct. 1002454

12/02/11	$230.00	
01/06/12	160.00	
Total		$390.00

Dynamic Hand Therapy & Rehab
498 S US Highway 12
Suite C
Fox Lake, IL 60020
847-587-3301 - Acct. 0042000185

12/06/11 thru 10/02/13	$30,190.00	$30,190.00

Open Advanced MRI of Round Lake
Medchex
PO Box 502
Katohah, NY 10536
866-959-1100 - Acct. 265065

02/03/12	$3,390.00	$3,390.00

Hand Surgery Associates, SC
Dr. Sagerman/Dr. Biafora
515 W. Algonquin Road
Arlington Heights, IL 60005
847-956-0099 - Acct. 80330

04/02/12	$116.00
05/14/12	90.00
05/17/12	116.00
06/06/12	171.00
07/09/12	8,338.00

10/22/12	116.00	
12/03/12	282.00	
01/14/13	90.00	
Total		$9,319.00

Northwest Community Hospital
25709 Network Place
Chicago, IL 60673
847-618-4747 - Acct. 71265382

07/09/12	$6,366.00	$6,366.00

Northwest Suburban Anesthesiologist, Ltd
8163 Solutions Center
Chicago, IL 60677-8001
800-709-2715 - Acct. 71265382

07/09/12	$1,365.00	$1,365.00

Alexian Brothers Medical Group
PO Box 5588
Belfast, ME 04915-5500
847-506-6622 - Acct. 315684A380

09/25/13	$153.00	$153.00

Walgreens
3925 W. Elm Street
McHenry, IL 60050
815-363-0722

06/28/11	$48.68	$48.68

Walmart Pharmacy
3801 Running Brook Farms Blvd.
Johnsburg, IL 60051

05/16/12	$25.79	
06/11/12	126.08	
07/09/12	16.11	
07/19/12	21.15	
08/02/12	126.08	
10/02/12	126.08	
11/16/12	126.78	
12/28/12	126.54	
02/09/13	126.68	
Total		$821.29

TOTAL EXPENSES:		$58,367.72
Misc Expenses		
Medical Supplies	$19.61	
Total Misc. Expenses		$19.61
TOTAL ALL EXPENSES		$58,387.33

Moraine Emergency Physicians

MORAINE EMERGENCY PHYSICIANS
PO BOX 8759
PHILADELPHIA, PA 19101-8759

STATEMENT OF ACCOUNT (1)

Statement Date: July 16, 2011

ACCOUNT NUMBER: MNI711179003233

Patient Name: PAUL R DULBERG

Tax ID #: 75-2896896
Account Balance: $1,346.00
Amount Pending Insurance: $0.00
Amount Due From Patient (Current): $1,346.00
Amount Due From Patient (Past Due): $0.00

Pay This Amount: $1,346.00

131409-0711179003233-05
#BWNJFDB
#00000MNI11606478#
PAUL R DULBERG
4606 HAYDEN CT
MCHENRY IL 60051-7918

PLEASE REMIT PAYMENT BY "PAYMENT DUE BY" DATE. THANK YOU. Please refer to coupon below for payment instructions.

Pay your bill securely online anytime at www.MyMedicalPayments.com

Date	#	Description	Charge	Paid By First Ins.	Paid By Other Ins.	Paid By Patient	Amount Adjusted	Due From Insurance	PATIENT BALANCE
08/28/11	1	99283-25 EMERG INJURY EVAL & MGMT-LVL 3 DX:880.03 DR. FORD/CENTEGRA HOSPITAL MCHENRY	$537.00						$537.00
08/28/11	2	12004 WOUND REP 7.6-12.5CM SCALP,ETC DX:880.03 DR. FORD/CENTEGRA HOSPITAL MCHENRY	$809.00						$609.00
		THIS STATEMENT MAY NOT REFLECT ANY PAYMENTS YOU MADE AT TIME OF SERVICE							
		TOTALS:	$1,346.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,346.00

Important Messages:

This statement is for the direct treatment and/or supervision of care you recently received from an Emergency Physician at Centegra Hospital McHenry. The fees for this private physician are billed separately from any hospital charges or other professional fees for which you may also be responsible. Therefore, should you receive a bill from the hospital or other physicians for charges in connection with this visit, it will not include the items listed on this statement.

"Payment Plans" Accepted
Questions about this statement?/Llame de Lunes a Viernes?
Call 1-800-355-2470 Monday through Friday 9:30AM - 4:00PM.
Your automated system access code is 0230-711179003233, or you can send email to billing_questions@emcare.com.

91384-01-9426 **Please detach and return bottom portion with your remittance.**

PAUL R DULBERG
4606 HAYDEN CT
MCHENRY IL 60051-7918

YOU MAY PAY THIS BILL WITH YOUR CREDIT CARD
PLEASE SEE REVERSE SIDE.

Make Check/Money Order payable to:

MORAINE EMERGENCY PHYSICIANS
PO BOX 8759
PHILADELPHIA, PA 19101-8759

STATEMENT OF ACCOUNT

Statement Date: July 16, 2011

ACCOUNT NUMBER: MNI711179003233

Patient Name: PAUL R DULBERG

Payment Due By: 08/05/11
Amount Due: $1,346.00
Amount Enclosed:

Go Green - pay online at
www.MyMedicalPayments.com
PROMPT PAY DISCOUNTED
BALANCE : $ 807.60

Insurance information not on file

40% Discount Offer
In consideration of your uninsured status, we are willing to extend a 40% prompt pay discount.

☐ If your address has changed, check this box. and complete the reverse side of this form

13140907111790032330013460000000000000006

Northern Illinois Medical Center

Northern Illinois Medical Center TAX ID# 362338884
4201 Medical Center Dr
McHenry, IL 60050
(815) 338-2544

F/C:LI P/T:EDB

DULBERG,PAUL R 11179-00323 06/28/11 06/28/11 1

APIWAT W FORD

PAUL R DULBERG
4606 HAYDEN CT
MCHENRY IL 60051-7918

601067 PAUL DULBERG/ACCIDENT

99999 999999999 12/08/11

	CODE	DESCRIPTION	QTY	
	***250	PHARMACY		
06/28	000196	CEFADROXIL MONOH 500MG,CAPSUL	1	19.00
06/28	002870	HYDROCODONE-AC 10-325MG,TABLE	1	7.50
06/28	000630	BUPIVACAINE HCL 0. 0.25%,30 M	1	26.50
		AREA TOTAL ***		53.00
	***258	PHARMACY IV SOLUTIONS		
06/28	012251	SODIUM CHLORIDE 0.9% 1000ML IRRIG	2	184.00
		AREA TOTAL ***		184.00
	***272	STERILE SUPPLIES		
06/28	012458	TRAY LACERATION	1	125.00
		AREA TOTAL ***		125.00
	***320	RADIOLOGY		
06/28	010135	FOREARM XR	1	225.00
		AREA TOTAL ***		225.00
	***450	EMERGENCY DEPARTMENT		
06/28	012004	REPAIR SIMPLE 12.5 CM	1	271.25
06/28	019283	ED LEVEL III	1	310.00
		AREA TOTAL ***		581.25
	***636	QUANTIFIED DRUGS		
06/28	003507	DIPHTHERIA-PERTUSSIS-TE,.5 ML	1	155.50
		AREA TOTAL ***		155.50

TOTAL CHARGES	1,323.75
TOTAL PAYMENTS/ADJUSTMENTS	0.00
	1,323.75
	1,323.75
	0.00

Northern Illinois Medical Center TAX ID# 362338884
4201 Medical Center Dr
McHenry, IL 60050
(815) 338-2544

F/C:LI P/T:EDB

DULBERG,PAUL R 11179-00323 06/28/11 06/28/11 1

APIWAT W FORD

PAUL R DULBERG
4606 HAYDEN CT
MCHENRY IL 60051-7918

601067 PAUL DULBERG/ACCIDENT

99999 999999999 12/08/11

CODE	DESCRIPTION	QTY
250	PHARMACY	53.00
258	PHARMACY IV SOLUTIONS	184.00
272	STERILE SUPPLIES	125.00
320	RADIOLOGY	225.00
450	EMERGENCY DEPARTMENT	581.25
636	QUANTIFIED DRUGS	155.50

TOTAL CHARGES 1,323.75

TOTAL PAYMENTS/ADJUSTMENTS 0.00

1,323.75

1,323.75

0.00

Northern Illinois Medical Center TAX ID# 362338884
4201 Medical Center Dr
McHenry, IL 60050
(815) 338-2544

F/C:LI P/T:EDB

DULBERG,PAUL R 11179-00323 06/28/11 06/28/11 1

APIWAT W FORD

PAUL R DULBERG
4606 HAYDEN CT
MCHENRY IL 60051-7918

601067 PAUL DULBERG/ACCIDENT

99999 999999999 12/08/11

CODE	DESCRIPTION	QTY	
	Total Charges:		
250	PHARMACY		53.00
258	PHARMACY IV SOLUTIONS		184.00
272	STERILE SUPPLIES		125.00
320	RADIOLOGY		225.00
450	EMERGENCY DEPARTMENT		581.25
636	QUANTIFIED DRUGS		155.50

Insurance Benefits	601067 COB. 1		
Total Charges	1,323.75		
Non-Covered Chgs	0.00		
Deductibles/Co-Ins	0.00		Patient
COB/Plan Amt Due	1,323.75		0.00
Payments	0.00		0.00
Adjs/Refunds	0.00		0.00
Balance Transfers	0.00		0.00
Balance Due	1,323.75		0.00
Third Party Excess		0.00	
Account Balance		1,323.75	
			1,323.75
			1,323.75
			0.00

McHenry Radiologists Imaging Associates

STATEMENT

0001

McHenry Radiologists Imaging Associates
P.O. Box 220
McHenry IL 60051-0220

CHECK CREDIT CARD USING FOR PAYMENT AND FILL OUT BELOW.

☐ MasterCard ☐ VISA

CARD NUMBER	SEC. CODE	AMOUNT
NAME ON CARD (PLEASE PRINT)		EXP. DATE
SIGNATURE		

STATEMENT DATE	ACCOUNT #	PAY THIS AMOUNT
07/07/2011	235130-QMRIG	$50.00

AMOUNT PAID

Office Hours: 9:00am - 4:00pm, Monday - Friday
Phone: 815/759-0800 IRS# 36-3907435

Pay online at **www.ePayitOnline.com**
CodeID: **MCHENRY5** Access #: **2038252-1-63**
Guarantor: PAUL R DULBERG
Invoice #: 833112

MAKE CHECK PAYABLE & REMIT TO:

01518

Paul R Dulberg
4606 Hayden Court
McHenry IL 60051-7918

McHenry Radiologists Imaging Associates
P.O. Box 220
McHenry IL 60051-0220

MCHENRY5-0280287-0000000-2038252-001-000063-#007210-0001

☐ PLEASE CHECK BOX IF ABOVE ADDRESS IS INCORRECT AND INDICATE CHANGES ON BACK

DETACH HERE — AND RETURN THIS TOP PORTION WITH YOUR PAYMENT USING THE RETURN ENVELOPE ENCLOSED

DATE	CODE	DESCRIPTION OF SERVICES	AMOUNT
		CHARGES FOR PATIENT: PAUL DULBERG (235130-QMRIG)	
06/28/11	73090-26	X-RAY EXAM OF FOREARM	$50.00
		07/07/11 GUARANTOR RESPONSIBILITY DATE (ChargeID: 1275862)	
		ADDITIONAL INFORMATION CONCERNING YOUR ACCOUNT	
		IF YOU HAVE INSURANCE COVERAGE FOR THIS CLAIM, PLEASE CALL OUR OFFICE.	
		REFERRING PROVIDER 043 IS APIWAT FORD - UPIN: C69043	

BALANCE DUE: $50.00
NET DUE 30 DAYS: 8/6/2011

Guarantor: PAUL R DULBERG | Account Number: 235130-QMRIG | Statement Date: 07/07/2011

Invoice #: 833112

McHenry Radiologists Imaging Associates
P.O. Box 220
McHenry IL 60051-0220

Phone: 815/759-0800 IRS# 36-3907435

MCHENRY5-0280287-0000000-2038252-001-000063-#007210-0001

Dr. Frank W. Sek

TELEPHONE (815) 385-0164

FRANK W. SEK, M. D.
4606 W. ELM ST.
McHENRY, IL 60050

date of service
7/1/11

Received of Paul Dulberg

Eighty _____ Dollars

ON ACCOUNT OF _____

$ 80.00 Per Frank W Sek MD

TELEPHONE (815) 385-0164 physicians ID 359 24 1324

FRANK W. SEK, M. D.
4606 W. ELM ST.
McHENRY, IL 60050

date of service
~~7/8/10~~ 7/8/11

Received of Paul Dulberg

Eighty _____ Dollars

ON ACCOUNT OF Office visit removal of sutures

$ 80.00 Per Frank W Sek MD

TELEPHONE (815) 385-0164

FRANK W. SEK, M. D.
4606 W. ELM ST.
McHENRY, IL 60050

1/14/12

Received of Paul Duelberg

Eighty Dollars

ON ACCOUNT OF

$ 80.00 Per Frank W Sek MD

TELEPHONE (815) 385-0164

FRANK W. SEK, M. D.
4606 W. ELM ST.
McHENRY, IL 60050

2/13/12

Received of Paul Duelberg

Eighty Dollars

ON ACCOUNT OF

$ 80.00 Per Frank W Sek MD

TELEPHONE (815) 385-0164

FRANK W. SEK, M. D.
4606 W. ELM ST.
McHENRY, IL 60050

date of service
3/13/12

Received of Paul Duelberg

One hundred Dollars

ON ACCOUNT OF office visit 80.00 medication 20.00

$ 100.00 Per Frank W Sek MD

TELEPHONE (815) 385-0164

FRANK W. SEK, M. D.
4606 W. ELM ST.
McHENRY, IL 60050

4/24/12

Received of Paul Duelberg

Ninety Dollars

ON ACCOUNT OF office visit 80 medication 10.00

$ 90.00 Per Frank W Sek MD

TELEPHONE (815) 385-0164 physician ID 359 14 1379

FRANK W. SEK, M. D.
4606 W. ELM ST.
McHENRY, IL 60050

date of service
8/6/12

Received of Paul Mulberg

Eighty Dollars

ON ACCOUNT OF office visit

$ 80.00 Frank W Sek MD

Associated Neurology, S.C.

Chart #18062 SSN# ASSOCIATED NEUROLOGY SC
DULBERG, PAUL DOB 03-19-70 1900 HOLLISTER DRIVE
4606 HAYDEN COURT SUITE 250
From 07/01/11
MCHENRY, IL 60051-7918 To 04/04/13 LIBERTYVILLE, IL 60048-5249
Home-(847) 497-4250 Office-(815 Practice-(847) 549-0055

T	Date	Code	Prov	Chg Amount / Pay/Cr	R	IB	Balance	Fam.Bal	Ins.Bal	Carr / PaySrc
		Procedure Description								
	Check #									
		INITIAL OFFICE EVALUATION								
C	07-28-11	99203	KFL	225.00	N	NN	0.00	0.00	0.00	
P	07-28-11	PPCASH	KFL	-135.00	N					PATNT
P	08-10-11	PPCREDITCD	KFL	-90.00	N					PATNT
		MOTOR NCS WITH F WAVE								
C	08-10-11	95903	KFL	540.00	N	NN	540.00	540.00	0.00	
		SENSORY NCS								
C	08-10-11	95904	KFL	390.00	N	NN	390.00	390.00	0.00	
		RETURN OFFICE EVALUATION								
C	01-30-12	99213	KFL	105.00	N	NN	0.00	0.00	0.00	
P	01-30-12	PPCREDITCD	KFL	-105.00	N					PATNT
		RETURN OFFICE EVALUATION								
C	02-13-12	99212	KFL	75.00	N	NN	0.00	0.00	0.00	
P	02-13-12	PPCREDITCD	KFL	-75.00	N					PATNT
		EMG COMPLETE 5+MUSCLES 3+NERVES 4+SPINAL								
C	03-13-12	95886	KFL	485.00	N	NN	485.00	485.00	0.00	
		MOTOR NCS WITH F WAVE								
C	03-13-12	95903	KFL	540.00	N	NN	540.00	540.00	0.00	
		SENSORY NCS								
C	03-13-12	95904	KFL	390.00	N	NN	390.00	390.00	0.00	
		COPY OF MEDICAL RECORDS/ FORM FEE								
C	05-04-12	99080	KFL	33.17	N	NN	0.00	0.00	0.00	
P	05-04-12	OPMEDLEG	KFL	-33.17	N					PATNT
	1817									
		RETURN OFFICE EVALUATION								
C	05-16-12	99212	KFL	75.00	N	NN	75.00	75.00	0.00	
		COPY OF MEDICAL RECORDS/ FORM FEE								
C	07-26-12	99080	KFL	67.86	N	NN	0.00	0.00	0.00	
P	07-26-12	OPMEDLEG	KFL	-67.86	N					PATNT
	1812									
		COPY OF MEDICAL RECORDS/ FORM FEE								
C	07-31-12	99080	KFL	20.00	N	NN	0.00	0.00	0.00	
P	07-31-12	OPMEDLEG	KFL	-20.00	N					PATNT
	AA8476013									
		SUBPOENA FEE								
C	09-12-12	99075 17	KFL	38.37	N	NN	0.00	0.00	0.00	

Chart #18062
DULBERG, PAUL
4606 HAYDEN COURT

MCHENRY, IL 60051-7918
Home-(847) 497-4250 Office-(815

SSN#
DOB 03-19-70

From 07/01/11
To 04/04/13

ASSOCIATED NEUROLOGY SC
1900 HOLLISTER DRIVE
SUITE 250

LIBERTYVILLE, IL 60048-5249
Practice-(847) 549-0055

T	Date / Check #	Code	Prov	Procedure Description / Chg Amount / Pay/Cr	R	IB	Balance	Fam.Bal	Ins.Bal	Carr PaySrc
P	09-12-12 1935	OPMEDLEG	KFL	-20.00	N					PATNT
P	09-12-12 1955	OPMEDLEG	KFL	-18.37	N					PATNT
		SUBPOENA FEE								
C	11-21-12	99075 17	KFL	67.86	N	NN	0.00	0.00	0.00	
P	11-21-12 00668054	OPMEDLEG	KFL	-67.86	N					PATNT
		RETURN OFFICE EVALUATION								
C	02-04-13	99213	KFL	115.00	N	NN	0.00	0.00	0.00	
P	02-04-13	PPCREDITCD	KFL	-115.00	N					PATNT

	Charges	Receipts	Debits	Credits	Balance
Patient:	3167.26	-747.26	0.00	0.00	2420.00
Insurance:	0.00	0.00	0.00	0.00	0.00
TOTALS:	3167.26	-747.26	0.00	0.00	2420.00

TOTAL Pd owed

031037 038300 002704L

ASSOCIATED NEUROLOGY SC
1900 HOLLISTER DRIVE
SUITE 250
LIBERTYVILLE, IL 60048-5249
RETURN SERVICE REQUESTED

IF PAYING BY CREDIT CARD, FILL OUT BELOW.

CHECK CARD USING FOR PAYMENT

☐ MASTERCARD ☐ VISA ☐ DISCOVER

CARD NUMBER	AMOUNT
SIGNATURE	EXP. DATE

STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
08/31/13	2420.00	19316

SHOW AMOUNT PAID HERE $

ADDRESSEE:

PAUL DULBERG
4606 HAYDEN COURT

MCHENRY, IL 60051-7918

10Z002376
POCKET 2

REMIT TO:

ASSOCIATED NEUROLOGY SC
1900 HOLLISTER DRIVE
SUITE 250
LIBERTYVILLE, IL 60048-5249

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

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT	DESCRIPTION	CHARGES PAYMENTS ADJUSTMENTS	INSURANCE/ ADJUSTMENTS PAID	PATIENT PAID	PATIENT BALANCE DUE
081011	PAUL	MOTOR NCS WITH F WAVE	540.00	0.00	0.00	540.00
081011	PAUL	SENSORY NCS	390.00	0.00	0.00	390.00
031312	PAUL	EMG COMPLETE 5+MUSCLES 3+NERVE	485.00	0.00	0.00	485.00
031312	PAUL	MOTOR NCS WITH F WAVE	540.00	0.00	0.00	540.00
031312	PAUL	SENSORY NCS	390.00	0.00	0.00	390.00
051612	PAUL	RETURN OFFICE EVALUATION	75.00	0.00	0.00	75.00
081413	PAUL	RETURN OFFICE EVALUATION	75.00	0.00	75.00	0.00
081413	PAUL	PATIENT PAYMENT	-75.00			

ACCOUNT NUMBER: 19316

FOR QUESTIONS, PLEASE CALL PATIENT ACCOUNTS:
(847) 549-0055

ITEMS MARKED WITH AN ASTERISK <*> HAVE BEEN BILLED TO YOUR INSURANCE

AGING	CURRENT BALANCE	OVER 30	OVER 60	OVER 90	OVER 120	TOTAL
INSURANCE	0.00	0.00	0.00	0.00	0.00	0.00
PATIENT	0.00	0.00	0.00	0.00	2420.00	2420.00

MAKE CHECKS PAYABLE TO: ASSOCIATED NEUROLOGY SC

PATIENT BALANCE 2420.00

MidAmerica Hand to Shoulder Clinic
Dr. Talerico

Date Printed: 06/21/2012
Time Printed: 07:52:26

MIDAMERICA ORTHOPAEDICS
75 REMITTANCE DR STE 6035

CHICAGO IL 60675
Tax Id#: 263727319

Group#: MAO

Inv#	Servdate	Xp	Dept	Dr	Fac	Ref	Proc	Mi	Mz	Desc	Diag 1	Ins/Comment	Amount	Resp Bal	Ins Bal
Patient#: 1002454 DULBERG, PAUL R.															
1	12/02/11	1		MGT	LIMP		99203			OFFICE OUTPT	906.1	AMOI Y 2	230.00	.00	230.00
2	01/06/12	1		MGT	LIMP	735	99213			OFFICE OUTPT	906.1	AMOI Y 1	160.00	.00	160.00

1) Group# MAO MIDAMERICA ORTHOPAEDICS

--> Resp Charges :	.00	Pays :	.00	Adjs :	.00	Bal Due :	.00
--> Ins Charges :	390.00	Pays :	.00	Adjs :	.00	Bal Due :	390.00
--> Charges :	390.00	Pays :	.00	Adjs :	.00	Bal Due :	390.00

Grand Totals :

--> Resp Charges :	.00	Pays :	.00	Adjs :	.00	Bal Due :	.00
--> Ins Charges :	390.00	Pays :	.00	Adjs :	.00	Bal Due :	390.00
--> Charges :	390.00	Pays :	.00	Adjs :	.00	Bal Due :	390.00

Parameters Used To Select This Report :
REPORT OPTION : Detail
FREELINE OPTION : No Freelines
ADDITIONAL DATA OPTION : No Additional Information
First Selection Parameters:

Dynamic Hand Therapy & Rehab

dynamic
HAND THERAPY
and Rehabilitation

MAKE CHECKS PAYABLE TO:
Dynamic Hand Therapy - Fox Lake 498 South Route 12 Suite C Fox Lake, IL. 600201908 (847) 587-3301

STATEMENT

STATEMENT PERIOD	BALANCE DUE
10-07-13	24604.00

NOTE: THIS IS A LINE ITEM STATEMENT AND WILL SHOW ALL ACTIVITY FOR EACH DATE OF SERVICE IN THIS STATEMENT PERIOD

Paul Dulberg
4606 Hayden Court
Mchenry, IL. 60050

Account# 0042000185

Re: Paul Dulberg
Account# 0042000185
Payment Due: 24604.00
Due Date: 11-07-13

PATIENT MESSAGE: PLEASE CONTACT OUR OFFICE WITH THE STATUS OF YOUR CASE AT 815-399-1975. THANK YOU.
=====> call our office with questions
Make Checks Payable to: Dynamic Hand Therapy - Fox Lake

DATE OF SERVICE	CPT	DESCRIPTION	CHARGE	INSURANCE PAID	PATIENT PAID	ADJUST	INSURANCE BALANCE	PATIENT BALANCE	TOTAL BALANCE
12-06-11	97003	Occupational Therapy Eval	187.00	0.00	0.00	0.00	0.00	187.00	187.00
Payment	PCC	CREDIT CARD			-70.00			-70.00	-70.00
Total			**187.00**	**0.00**	**-70.00**	**0.00**	**0.00**	**117.00**	**117.00**
12-08-11	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
12-08-11	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
12-08-11	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
12-08-11	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**360.00**	**0.00**	**0.00**	**0.00**	**0.00**	**360.00**	**360.00**
12-12-11	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
12-12-11	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
12-12-11	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00

COMMENTS

TOTAL ACCOUNT BALANCE 24604.00
INSURANCE PENDING 0.00
PATIENT BALANCE 24604.00 <- Amt Due

DATE OF SERVICE	CPT	DESCRIPTION	CHARGE	INSURANCE PAID	PATIENT PAID	ADJUST.	INSURANCE BALANCE	PATIENT BALANCE	TOTAL BALANCE
12-12-11	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
12-14-11	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
12-14-11	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
12-14-11	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
12-14-11	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
12-14-11	97014	E-Stim Unattended	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**328.00**	**0.00**	**0.00**	**0.00**	**0.00**	**328.00**	**328.00**
12-15-11	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
12-15-11	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
12-15-11	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
12-15-11	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
12-19-11	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
12-19-11	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
12-19-11	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
12-19-11	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**360.00**	**0.00**	**0.00**	**0.00**	**0.00**	**360.00**	**360.00**
12-20-11	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
12-20-11	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
12-20-11	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
12-20-11	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**360.00**	**0.00**	**0.00**	**0.00**	**0.00**	**360.00**	**360.00**
12-23-11	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
12-23-11	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
12-23-11	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
12-23-11	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**360.00**	**0.00**	**0.00**	**0.00**	**0.00**	**360.00**	**360.00**
12-27-11	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
12-27-11	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
12-27-11	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
12-27-11	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**360.00**	**0.00**	**0.00**	**0.00**	**0.00**	**360.00**	**360.00**
12-29-11	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
12-29-11	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
12-29-11	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
12-29-11	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**

DATE OF SERVICE	CPT	DESCRIPTION	CHARGE	INSURANCE PAID	PATIENT PAID	ADJUST	INSURANCE BALANCE	PATIENT BALANCE	TOTAL BALANCE
01-03-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
01-03-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
01-03-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**220.00**	**0.00**	**0.00**	**0.00**	**0.00**	**220.00**	**220.00**
01-05-12	97110	Therapeutic Exercise [3]	258.00	0.00	0.00	0.00	0.00	258.00	258.00
01-05-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**317.00**	**0.00**	**0.00**	**0.00**	**0.00**	**317.00**	**317.00**
01-09-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
01-09-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
01-09-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
01-09-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**360.00**	**0.00**	**0.00**	**0.00**	**0.00**	**360.00**	**360.00**
01-11-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
01-11-12	97140	Manual Therapy Techn [2]	150.00	0.00	0.00	0.00	0.00	150.00	150.00
01-11-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
01-11-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
01-11-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	-172.00	0.00	0.00	0.00
01-11-12	97140	Manual Therapy Techn [2]	150.00	0.00	0.00	-150.00	0.00	0.00	0.00
01-11-12	97035	Ultrasound	59.00	0.00	0.00	-59.00	0.00	0.00	0.00
01-11-12	97010	Hot/Cold pack	54.00	0.00	0.00	-54.00	0.00	0.00	0.00
Total			**870.00**	**0.00**	**0.00**	**-435.00**	**0.00**	**435.00**	**435.00**
01-16-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
01-16-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
01-16-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
01-16-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**360.00**	**0.00**	**0.00**	**0.00**	**0.00**	**360.00**	**360.00**
01-18-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
01-18-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
01-18-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
01-18-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
01-23-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
01-23-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
01-23-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
01-23-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**360.00**	**0.00**	**0.00**	**0.00**	**0.00**	**360.00**	**360.00**
01-25-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
01-25-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00

DATE OF SERVICE	CPT	DESCRIPTION	CHARGE	INSURANCE PAID	PATIENT PAID	ADJUST	INSURANCE BALANCE	PATIENT BALANCE	TOTAL BALANCE
01-25-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
01-25-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**360.00**	**0.00**	**0.00**	**0.00**	**0.00**	**360.00**	**360.00**
01-30-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
01-30-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
01-30-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
01-30-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
02-01-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
02-01-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
02-01-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
02-01-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
02-06-12	97110	Therapeutic Exercise [3]	258.00	0.00	0.00	0.00	0.00	258.00	258.00
02-06-12	97112	Neuromuscular Re-education	87.00	0.00	0.00	0.00	0.00	87.00	87.00
Total			**345.00**	**0.00**	**0.00**	**0.00**	**0.00**	**345.00**	**345.00**
04-03-12	97003	Occupational Therapy Eval	187.00	0.00	0.00	0.00	0.00	187.00	187.00
04-03-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
04-03-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
04-03-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**407.00**	**0.00**	**0.00**	**0.00**	**0.00**	**407.00**	**407.00**
04-05-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
04-05-12	97140	Manual Therapy Techn [2]	150.00	0.00	0.00	0.00	0.00	150.00	150.00
04-05-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
04-05-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**435.00**	**0.00**	**0.00**	**0.00**	**0.00**	**435.00**	**435.00**
04-10-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
04-10-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
04-10-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**301.00**	**0.00**	**0.00**	**0.00**	**0.00**	**301.00**	**301.00**
04-12-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
04-12-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
04-12-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**285.00**	**0.00**	**0.00**	**0.00**	**0.00**	**285.00**	**285.00**
04-16-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
04-16-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
04-16-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
04-16-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00

DATE OF SERVICE	CPT	DESCRIPTION	CHARGE	INSURANCE PAID	PATIENT PAID	ADJUST	INSURANCE BALANCE	PATIENT BALANCE	TOTAL BALANCE
Total			360.00	0.00	0.00	0.00	0.00	360.00	360.00
04-18-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
04-18-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
04-18-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
04-18-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			274.00	0.00	0.00	0.00	0.00	274.00	274.00
04-26-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
04-26-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
04-26-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
04-26-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			360.00	0.00	0.00	0.00	0.00	360.00	360.00
04-27-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
04-27-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
04-27-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
04-27-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			274.00	0.00	0.00	0.00	0.00	274.00	274.00
05-02-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
05-02-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
05-02-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
05-02-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			360.00	0.00	0.00	0.00	0.00	360.00	360.00
05-04-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
05-04-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
05-04-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
05-04-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			274.00	0.00	0.00	0.00	0.00	274.00	274.00
05-07-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
05-07-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
05-07-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
05-07-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			360.00	0.00	0.00	0.00	0.00	360.00	360.00
05-10-12	97110	Therapeutic Exercise [3]	258.00	0.00	0.00	0.00	0.00	258.00	258.00
05-10-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			312.00	0.00	0.00	0.00	0.00	312.00	312.00
05-15-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
05-15-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
05-15-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
05-15-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00

DATE OF SERVICE	CPT	DESCRIPTION	CHARGES	INSURANCE PAID	PATIENT PAID	ADJST	INSURANCE BALANCE	PATIENT BALANCE	TOTAL BALANCE
Total			360.00	0.00	0.00	0.00	0.00	360.00	360.00
05-17-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
05-17-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			113.00	0.00	0.00	0.00	0.00	113.00	113.00
05-24-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
05-24-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
05-24-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
05-24-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			274.00	0.00	0.00	0.00	0.00	274.00	274.00
05-25-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
05-25-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
05-25-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
05-25-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			274.00	0.00	0.00	0.00	0.00	274.00	274.00
05-31-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
05-31-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
05-31-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
05-31-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			274.00	0.00	0.00	0.00	0.00	274.00	274.00
06-04-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
06-04-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
06-04-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
06-04-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			360.00	0.00	0.00	0.00	0.00	360.00	360.00
07-16-12	97003	Occupational Therapy Eval	187.00	0.00	0.00	0.00	0.00	187.00	187.00
07-16-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
07-16-12	97014	E-Stim Unattended	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			327.00	0.00	0.00	0.00	0.00	327.00	327.00
07-19-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
07-19-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
07-19-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			301.00	0.00	0.00	0.00	0.00	301.00	301.00
07-23-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
07-23-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
07-23-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			301.00	0.00	0.00	0.00	0.00	301.00	301.00
07-26-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
07-26-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00

DATE OF SERVICE	CPT	DESCRIPTION	CHARGE	INSURANCE PAID	PATIENT PAID	ADJUST	INSURANCE BALANCE	PATIENT BALANCE	TOTAL BALANCE
07-26-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
07-26-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			274.00	0.00	0.00	0.00	0.00	274.00	274.00
07-30-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
07-30-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
07-30-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			301.00	0.00	0.00	0.00	0.00	301.00	301.00
08-02-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
08-02-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
08-02-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			220.00	0.00	0.00	0.00	0.00	220.00	220.00
08-06-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
08-06-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
08-06-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
08-06-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			274.00	0.00	0.00	0.00	0.00	274.00	274.00
08-09-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
08-09-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
08-09-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
08-09-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			274.00	0.00	0.00	0.00	0.00	274.00	274.00
08-16-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
08-16-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
08-16-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
08-16-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			274.00	0.00	0.00	0.00	0.00	274.00	274.00
08-20-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
08-20-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
Total			247.00	0.00	0.00	0.00	0.00	247.00	247.00
08-23-12	97110	Therapeutic Exercise [4]	344.00	0.00	0.00	0.00	0.00	344.00	344.00
Total			344.00	0.00	0.00	0.00	0.00	344.00	344.00
08-28-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
08-28-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
08-28-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
08-28-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			274.00	0.00	0.00	0.00	0.00	274.00	274.00
08-30-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
08-30-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00

DATE OF SERVICE	CPT	DESCRIPTION	CHARGE	INSURANCE PAID	PATIENT PAID	ADJUST	INSURANCE BALANCE	PATIENT BALANCE	TOTAL BALANCE
08-30-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**215.00**	**0.00**	**0.00**	**0.00**	**0.00**	**215.00**	**215.00**
09-11-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
09-11-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
09-11-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**301.00**	**0.00**	**0.00**	**0.00**	**0.00**	**301.00**	**301.00**
09-13-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
09-13-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
09-13-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
09-13-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
09-18-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
09-18-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
09-18-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
09-18-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
09-20-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
09-20-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
09-20-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**306.00**	**0.00**	**0.00**	**0.00**	**0.00**	**306.00**	**306.00**
09-21-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
09-21-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
09-21-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
09-21-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
09-25-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
09-25-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
09-25-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
09-25-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
09-27-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
09-27-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
09-27-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
09-27-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
09-28-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
09-28-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
09-28-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00

DATE OF SERVICE	CPT	DESCRIPTION	CHARGE	INSURANCE PAID	PATIENT PAID	ADJUST	INSURANCE BALANCE	PATIENT BALANCE	TOTAL BALANCE
09-28-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
10-02-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
10-02-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
10-02-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
10-02-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
10-04-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
10-04-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
10-04-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
10-04-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
10-05-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
10-05-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
10-05-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**306.00**	**0.00**	**0.00**	**0.00**	**0.00**	**306.00**	**306.00**
10-09-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
10-09-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
10-09-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
10-09-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**360.00**	**0.00**	**0.00**	**0.00**	**0.00**	**360.00**	**360.00**
10-11-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
10-11-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
10-11-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
10-11-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
10-12-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
10-12-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
10-12-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
10-12-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
10-16-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
10-16-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
10-16-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
10-16-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
10-18-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
10-18-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00

DATE OF SERVICE	CPT	DESCRIPTION	CHARGE	INSURANCE PAID	PATIENT PAID	ADJUST	INSURANCE BALANCE	PATIENT BALANCE	TOTAL BALANCE
10-18-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**306.00**	**0.00**	**0.00**	**0.00**	**0.00**	**306.00**	**306.00**
10-19-12	97110	Therapeutic Exercise [4]	344.00	0.00	0.00	0.00	0.00	344.00	344.00
10-19-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
10-19-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**478.00**	**0.00**	**0.00**	**0.00**	**0.00**	**478.00**	**478.00**
12-12-12	97003	Occupational Therapy Eval	187.00	0.00	0.00	-117.00	0.00	187.00	187.00
Payment	PCC	CREDIT CARD			-70.00			-70.00	-70.00
12-12-12	99070	Biofreeze Rollon 3oz	14.00	0.00	0.00	-14.00	0.00	14.00	14.00
Total			**201.00**	**0.00**	**-70.00**	**-131.00**	**0.00**	**0.00**	**0.00**
12-21-12	97110	Therapeutic Exercise	86.00	0.00	0.00	-16.00	0.00	86.00	86.00
Payment	PCC	CREDIT CARD			-14.00			-14.00	-14.00
Payment	PCC	CREDIT CARD			-56.00			-56.00	-56.00
12-21-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	-75.00	0.00	75.00	75.00
12-21-12	97035	Ultrasound	59.00	0.00	0.00	-59.00	0.00	59.00	59.00
12-21-12	97010	Hot/Cold pack	54.00	0.00	0.00	-54.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**-70.00**	**-204.00**	**0.00**	**0.00**	**0.00**
12-28-12	97140	Manual Therapy Techn [2]	150.00	0.00	0.00	-80.00	0.00	150.00	150.00
Payment	PCC	CREDIT CARD			-70.00			-70.00	-70.00
12-28-12	97035	Ultrasound	59.00	0.00	0.00	-59.00	0.00	59.00	59.00
12-28-12	97010	Hot/Cold pack	54.00	0.00	0.00	-54.00	0.00	54.00	54.00
Total			**263.00**	**0.00**	**-70.00**	**-193.00**	**0.00**	**0.00**	**0.00**
12-31-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	-5.00	0.00	75.00	75.00
Payment	PCC	CREDIT CARD			-14.00			-14.00	-14.00
Payment	PCC	CREDIT CARD			-56.00			-56.00	-56.00
12-31-12	97035	Ultrasound	59.00	0.00	0.00	-59.00	0.00	59.00	59.00
Total			**134.00**	**0.00**	**-70.00**	**-64.00**	**0.00**	**0.00**	**0.00**
01-04-13	97140	Manual Therapy Techn [2]	150.00	0.00	0.00	0.00	0.00	150.00	150.00
Payment	PCC	CREDIT CARD			-14.00			-14.00	-14.00
Payment	PCC	CREDIT CARD			-70.00			-70.00	-70.00
Payment	PCC	CREDIT CARD			-66.00			-66.00	-66.00
01-04-13	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
Payment	PCC	CREDIT CARD			-4.00			-4.00	-4.00
Payment	PCC	CREDIT CARD			-70.00			-70.00	-70.00
Payment	PCC	CREDIT CARD			-12.00			-12.00	-12.00
01-04-13	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Payment	PCC	CREDIT CARD			-58.00			-58.00	-58.00
Payment	PCC	CREDIT CARD			-1.00			-1.00	-1.00

DATE OF SERVICE	CPT	DESCRIPTION	CHARGE	INSURANCE PAID	PATIENT PAID	ADJUST	INSURANCE BALANCE	PATIENT BALANCE	TOTAL BALANCE
Total			295.00	0.00	-295.00	0.00	0.00	0.00	0.00
01-11-13	97140	Manual Therapy Techn [2]	150.00	0.00	0.00	0.00	0.00	150.00	150.00
Payment	PCC	CREDIT CARD			-69.00			-69.00	-69.00
Payment	PCC	CREDIT CARD			-81.00			-81.00	-81.00
01-11-13	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
Payment	PCC	CREDIT CARD			-59.00			-59.00	-59.00
Payment	PCC	CREDIT CARD			-27.00			-27.00	-27.00
01-11-13	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Payment	PCC	CREDIT CARD			-43.00			-43.00	-43.00
Payment	PCC	CREDIT CARD			-16.00			-16.00	-16.00
Total			295.00	0.00	-295.00	0.00	0.00	0.00	0.00
01-30-13	97110	Therapeutic Exercise [3]	258.00	0.00	0.00	0.00	0.00	258.00	258.00
Payment	PCC	CREDIT CARD			-54.00			-54.00	-54.00
Payment	PCC	CREDIT CARD			-70.00			-70.00	-70.00
Payment	PCC	CREDIT CARD			-70.00			-70.00	-70.00
Payment	PCC	CREDIT CARD			-64.00			-64.00	-64.00
01-30-13	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Payment	PCC	CREDIT CARD			-6.00			-6.00	-6.00
Payment	PCC	CREDIT CARD			-53.00			-53.00	-53.00
01-30-13	A4466	BandIT Forearm Splint	49.00	0.00	0.00	0.00	0.00	49.00	49.00
Payment	PCC	CREDIT CARD			-17.00			-17.00	-17.00
Payment	PCC	CREDIT CARD			-32.00			-32.00	-32.00
Total			366.00	0.00	-366.00	0.00	0.00	0.00	0.00
02-05-13	L3808	WHFO, Rigid w/o joints	445.00	0.00	0.00	-375.00	0.00	445.00	445.00
Payment	PCC	CREDIT CARD			-38.00			-38.00	-38.00
Payment	PCC	CREDIT CARD			-32.00			-32.00	-32.00
Total			445.00	0.00	-70.00	-375.00	0.00	0.00	0.00
02-08-13	97110	Therapeutic Exercise	86.00	0.00	0.00	-16.00	0.00	86.00	86.00
Payment	PCC	CREDIT CARD			-38.00			-38.00	-38.00
Payment	PCC	CREDIT CARD			-32.00			-32.00	-32.00
02-08-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	-75.00	0.00	75.00	75.00
02-08-13	97035	Ultrasound	59.00	0.00	0.00	-59.00	0.00	59.00	59.00
Total			220.00	0.00	-70.00	-150.00	0.00	0.00	0.00
02-14-13	97110	Therapeutic Exercise	86.00	0.00	0.00	-16.00	0.00	86.00	86.00
Payment	PCC	CREDIT CARD			-38.00			-38.00	-38.00
02-14-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	-75.00	0.00	75.00	75.00
02-14-13	97035	Ultrasound	59.00	0.00	0.00	-59.00	0.00	59.00	59.00
Total			220.00	0.00	-38.00	-150.00	0.00	32.00	32.00

DATE OF SERVICE	CPT	DESCRIPTION	CHARGE	INSURANCE PAID	PATIENT PAID	ADJUST	INSURANCE BALANCE	PATIENT BALANCE	TOTAL BALANCE
02-15-13	97110	Therapeutic Exercise	86.00	0.00	0.00	-16.00	0.00	86.00	86.00
02-15-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	-75.00	0.00	75.00	75.00
02-15-13	97035	Ultrasound	59.00	0.00	0.00	-59.00	0.00	59.00	59.00
Total			**220.00**	**0.00**	**0.00**	**-150.00**	**0.00**	**70.00**	**70.00**
02-19-13	97110	Therapeutic Exercise	86.00	0.00	0.00	-16.00	0.00	86.00	86.00
02-19-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	-75.00	0.00	75.00	75.00
02-19-13	97035	Ultrasound	59.00	0.00	0.00	-59.00	0.00	59.00	59.00
Total			**220.00**	**0.00**	**0.00**	**-150.00**	**0.00**	**70.00**	**70.00**
02-25-13	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
02-25-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
02-25-13	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**306.00**	**0.00**	**0.00**	**0.00**	**0.00**	**306.00**	**306.00**
02-28-13	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
02-28-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
02-28-13	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**306.00**	**0.00**	**0.00**	**0.00**	**0.00**	**306.00**	**306.00**
03-07-13	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
03-07-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
03-07-13	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**220.00**	**0.00**	**0.00**	**0.00**	**0.00**	**220.00**	**220.00**
03-08-13	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
03-08-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
03-08-13	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**220.00**	**0.00**	**0.00**	**0.00**	**0.00**	**220.00**	**220.00**
03-12-13	97140	Manual Therapy Techn [2]	150.00	0.00	0.00	0.00	0.00	150.00	150.00
03-12-13	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
03-12-13	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**295.00**	**0.00**	**0.00**	**0.00**	**0.00**	**295.00**	**295.00**
03-14-13	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
03-14-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
03-14-13	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**306.00**	**0.00**	**0.00**	**0.00**	**0.00**	**306.00**	**306.00**
03-19-13	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
03-19-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
03-19-13	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**220.00**	**0.00**	**0.00**	**0.00**	**0.00**	**220.00**	**220.00**
03-22-13	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
03-22-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00

DATE OF SERVICE	CPT	DESCRIPTION	CHARGES	INSURANCE PAID	PATIENT PAID	ADJUST	INSURANCE BALANCE	PATIENT BALANCE	TOTAL BALANCE
03-22-13	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**306.00**	**0.00**	**0.00**	**0.00**	**0.00**	**306.00**	**306.00**
03-29-13	97110	Therapeutic Exercise [3]	258.00	0.00	0.00	0.00	0.00	258.00	258.00
03-29-13	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**317.00**	**0.00**	**0.00**	**0.00**	**0.00**	**317.00**	**317.00**
04-22-13	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
04-22-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
04-22-13	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**306.00**	**0.00**	**0.00**	**0.00**	**0.00**	**306.00**	**306.00**
07-23-13	97003	Occupational Therapy Eval	187.00	0.00	0.00	-117.00	0.00	187.00	187.00
07-23-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	-75.00	0.00	75.00	75.00
07-23-13	97035	Ultrasound	59.00	0.00	0.00	-59.00	0.00	59.00	59.00
Total			**321.00**	**0.00**	**0.00**	**-251.00**	**0.00**	**70.00**	**70.00**
07-29-13	97140	Manual Therapy Techn [2]	150.00	0.00	0.00	-80.00	0.00	150.00	150.00
07-29-13	97110	Therapeutic Exercise	86.00	0.00	0.00	-86.00	0.00	86.00	86.00
07-29-13	97035	Ultrasound	59.00	0.00	0.00	-59.00	0.00	59.00	59.00
Total			**295.00**	**0.00**	**0.00**	**-225.00**	**0.00**	**70.00**	**70.00**
08-01-13	97035	Ultrasound	59.00	0.00	0.00	-59.00	0.00	59.00	59.00
08-01-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	-75.00	0.00	75.00	75.00
08-01-13	97110	Therapeutic Exercise	86.00	0.00	0.00	-16.00	0.00	86.00	86.00
Total			**220.00**	**0.00**	**0.00**	**-150.00**	**0.00**	**70.00**	**70.00**
08-05-13	97140	Manual Therapy Techn [2]	150.00	0.00	0.00	-80.00	0.00	150.00	150.00
08-05-13	97110	Therapeutic Exercise	86.00	0.00	0.00	-86.00	0.00	86.00	86.00
08-05-13	97035	Ultrasound	59.00	0.00	0.00	-59.00	0.00	59.00	59.00
Total			**295.00**	**0.00**	**0.00**	**-225.00**	**0.00**	**70.00**	**70.00**
08-09-13	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	-102.00	0.00	172.00	172.00
08-09-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	-75.00	0.00	75.00	75.00
08-09-13	97035	Ultrasound	59.00	0.00	0.00	-59.00	0.00	59.00	59.00
Total			**306.00**	**0.00**	**0.00**	**-236.00**	**0.00**	**70.00**	**70.00**
08-16-13	97140	Manual Therapy Techn [2]	150.00	0.00	0.00	-80.00	0.00	150.00	150.00
08-16-13	97110	Therapeutic Exercise	86.00	0.00	0.00	-86.00	0.00	86.00	86.00
08-16-13	97035	Ultrasound	59.00	0.00	0.00	-59.00	0.00	59.00	59.00
Total			**295.00**	**0.00**	**0.00**	**-225.00**	**0.00**	**70.00**	**70.00**
08-19-13	97110	Therapeutic Exercise	86.00	0.00	0.00	-16.00	0.00	86.00	86.00
08-19-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	-75.00	0.00	75.00	75.00
08-19-13	97035	Ultrasound	59.00	0.00	0.00	-59.00	0.00	59.00	59.00
Total			**220.00**	**0.00**	**0.00**	**-150.00**	**0.00**	**70.00**	**70.00**
08-22-13	97110	Therapeutic Exercise [3]	258.00	0.00	0.00	-188.00	0.00	258.00	258.00

DATE OF SERVICE	CPT	DESCRIPTION	CHARGE	INSURANCE PAID	PATIENT PAID	ADJUST	INSURANCE BALANCE	PATIENT BALANCE	TOTAL BALANCE
08-22-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	-75.00	0.00	75.00	75.00
Total			333.00	0.00	0.00	-263.00	0.00	70.00	70.00
10-02-13	L3808	WHFO, Rigid w/o joints	445.00	0.00	0.00	-375.00	0.00	445.00	445.00
Total			445.00	0.00	0.00	-375.00	0.00	70.00	70.00
		Grand total:	30,190.00	1,484.00	4,102.00		0.00	24,604.00	24,604.00

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

Return to: Dynamic Hand Therapy - Fox Lake
498 South Route 12 Suite C
Fox Lake, IL 600201908

Questions? Call: (847) 587-3301

For Credit to Account# 0042000185

RE Patient: Paul Dulberg

Please Indicate Amount Enclosed $ _____

We also Accept: visa Mastercard Discover

Card # _____ **Security Code:** _____

Expire Date _____ **Signature** _____

Please Remember ...

Do not send Cash.
If you are sending a Check..
- Sign and Date it.
- Write your Acct# (0042000185) on the Check.

Make Checks Payable to: Dynamic Hand Therapy - Fox Lake

REMARKS:

Hand Surgery Associates, SC
Dr. Sagerman/Dr. Biafora

HAND SURGERY ASSOCIATES SC
37400 EAGLE WAY
CHICAGO, IL 60678-1374

ADDRESS SERVICE REQUESTED

IF PAYING BY MASTERCARD, OR VISA, FILL OUT BELOW.	
CHECK CARD USING FOR PAYMENT ☐ MASTERCARD ☐ VISA	
CARD NUMBER	VERIFICATION #
CARDHOLDER NAME	EXP. DATE
SIGNATURE	AMOUNT

SA11 1003 0004274 220004274

[redacted] ADDRESSEE [redacted]

>08428 2116426 001 092096
PAUL DULBERG
4606 HAYDEN
MCHENRY, IL 60050

[redacted] REMIT TO [redacted]

HAND SURGERY ASSOCIATES SC
37400 EAGLE WAY
CHICAGO IL 60678-1374

Page	Statement Date	Due Date	Office Phone Number	Account #	Patient Balance	Show Amount Paid Here $
1	08/10/12	08/25/12	(847) 956-0099	80330	Continued	

☐ Please check box and use reverse side to indicate address or insurance changes

STATEMENT

RETURN THIS PORTION WITH PAYMENT

Date	ICPT & Reason	Explanation of Activity	Charges & Debits	Insurance Pending	Payments & Credits	Patient Amount
Patient: Paul Dulberg						
		Balance Forward	116.00			
		---- Balance Forward Total				116.00
Provider: Sagerman, Scott D						
Voucher: 751730						
06/28/12	RECEIPT 124	Self Pay Credit Card Pa			-20.00	
07/30/12	RECEIPT 126	Self Pay Credit Card Pa			-20.00	
		---- Visit Total				-40.00
Voucher: 767730						
05/14/12	99212	Office Outpt Est 10 Min	90.00			
		---- Visit Total				90.00
Voucher: 841480						
06/06/12	99214	Office Outpt Est 25 Min	171.00			
		---- Visit Total				171.00
Voucher: 887630						
07/09/12	64718	Neurp&/Trpos Ur Nrv Elb	3318.00			
07/09/12	64708	Neurp Major Prph Nrv Ar	3353.00			
		---- Visit Total				6671.00
Provider: Biafora, Sam J						
Voucher: 818900						
05/17/12	99213	Office Outpt Est15 Min	116.00			
		---- Visit Total				116.00
Voucher: 887640						
07/09/12	64718	Neurp&/Trpos Ur Nrv Elb	829.00			
07/09/12	64708	Neurp Major Prph Nrv Ar	838.00			

HAND SURGERY ASSOCIATES SC
37400 EAGLE WAY
CHICAGO, IL 60678-1374

Account Number: 80330
Office Phone Number: (847)956-0099

Your prompt payment is greatly appreciated.

Ins. Pending: 0.00
Patient Balance: Continued

08428 2116426 016856 016856 00001/00002 920966912

92096S11028

HAND SURGERY ASSOCIATES SC
37400 EAGLE WAY
CHICAGO, IL 60678-1374

IF PAYING BY MASTERCARD, OR VISA, FILL OUT BELOW.	
CHECK CARD USING FOR PAYMENT	
☐ MASTERCARD ☐ VISA	
CARD NUMBER	VERIFICATION #
CARDHOLDER NAME	EXP. DATE
SIGNATURE	AMOUNT

SA11 1003 0004274 220004274

[redacted] ADDRESSEE [redacted]

PAUL DULBERG

[redacted] REMIT TO [redacted]

HAND SURGERY ASSOCIATES SC
37400 EAGLE WAY
CHICAGO IL 60678-1374

Page	Statement Date	Due Date	Office Phone Number	Account #	Patient Balance	Show Amount Paid Here $
2	08/10/12	08/25/12	(847) 956-0099	80330	8791.00	

☐ Please check box and use reverse side to indicate address or insurance changes

STATEMENT

RETURN THIS PORTION WITH PAYMENT

Date	ICPT & Reason	Explanation of Activity	Charges & Debits	Insurance Pending	Payments & Credits	Patient Amount
		---- Visit Total				1667.00

HAND SURGERY ASSOCIATES SC
37400 EAGLE WAY
CHICAGO, IL 60678-1374

Account Number: 80330
Office Phone Number: (847)956-0099

Your prompt payment is greatly appreciated.

Ins. Pending: 0.00
Patient Balance: 8791.00

08428 2116426 016857 016857 00002/00002

92096S11028

HAND SURGERY ASSOCIATES SC
37400 EAGLE WAY
CHICAGO, IL 60678-1374

ADDRESS SERVICE REQUESTED

IF PAYING BY MASTERCARD, OR VISA, FILL OUT BELOW.	
CHECK CARD USING FOR PAYMENT ☐ MASTERCARD ☐ VISA	
CARD NUMBER	VERIFICATION #
CARDHOLDER NAME	EXP. DATE
SIGNATURE	AMOUNT

FR11 1003 0004274 220004274

[redacted] ADDRESSEE [redacted]

>18325 2287195 001 092096

PAUL DULBERG
4606 HAYDEN
MCHENRY, IL 60050

[redacted] REMIT TO [redacted]

HAND SURGERY ASSOCIATES SC
37400 EAGLE WAY
CHICAGO IL 60678-1374

Page	Statement Date	Due Date	Office Phone Number	Account #	Patient Balance	Show Amount Paid Here $
1	01/10/13	01/25/13	(847) 956-0099	80330	9159.00	

☐ Please check box and use reverse side to indicate address or Insurance changes

STATEMENT

RETURN THIS PORTION WITH PAYMENT

Date	ICPT & Reason	Explanation of Activity	Charges & Debits	Insurance Pending	Payments & Credits	Patient Amount
Patient: Paul Dulberg						
		Balance Forward	8765.00			
		---- Balance Forward Total				8765.00
Provider: Associates, S.C., Hand Surgery						
Voucher: 1059220						
11/16/12	751	STATE OF ILLINOIS MEDIC	20.00			
11/14/12	CK #AA88881	Self Pay Check Payment			-20.00	
		---- Visit Total				0.00
Provider: Sagerman, Scott D						
Voucher: 767730						
11/30/12	Receipt #13	Self Pay Credit Card Pa			-4.00	
		---- Visit Total				-4.00
Voucher: 1020590						
10/22/12	99213	Office Outpt Est15 Min	116.00			
		---- Visit Total				116.00
Voucher: 1025240						
12/03/12	99213	Office Outpt Est15 Min	116.00			
12/03/12	73080	Radex Elbw Compl Minimu	166.00			
		---- Visit Total				282.00

HAND SURGERY ASSOCIATES SC
37400 EAGLE WAY
CHICAGO, IL 60678-1374

Account Number: 80330
Office Phone Number: (847)956-0099

Your account is past due. Please remit payment upon receipt of this statement.

Ins. Pending: 0.00
Patient Balance: 9159.00

18325 2287195 018326 018326 00001/00001 920966912

92096S11028

PLEASE UPDATE ANY INFORMATION THAT HAS CHANGED SINCE YOUR LAST STATEMENT

YOUR NAME (Last, First, Middle Initial)

ADDRESS

CITY | STATE | ZIP

TELEPHONE
( )

MARITAL STATUS
☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

EMPLOYER'S NAME

EMPLOYER'S ADDRESS | CITY | STATE | ZIP

YOUR PRIMARY INSURANCE COMPANY'S NAME | INSURED'S NAME

PRIMARY INSURANCE COMPANY'S ADDRESS | EFFECTIVE DATE

CITY | STATE | ZIP

POLICYHOLDER'S ID NUMBER | GROUP PLAN NUMBER

YOUR SECONDARY INSURANCE COMPANY'S NAME | INSURED'S NAME

SECONDARY INSURANCE COMPANY'S ADDRESS | EFFECTIVE DATE

CITY | STATE | ZIP

POLICYHOLDER'S ID NUMBER | GROUP PLAN NUMBER

Northwest Community Hospital

TYPE OF BILL	DATE OF BILL	DATE OF PREV. BILL

CYCLE 07/13/12

NORTHWEST COMMUNITY HOSPITAL
800 W CENTRAL
ARLINGTON HTS, IL 60005-2349
847 618-4747
FEI # 362340313

HOSP. NO.

BIRTH-DATE 03/19/70 42

PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
DULBERG, PAUL	71265382	M	42	07/09/12		

GUARANTOR NAME AND ADDRESS
PAUL R DULBERG
4606 HAYDEN COURT
MCHENRY IL 60051

C.O.B.	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
1	SELFPAY		00000

SAGERMAN, SCOTT D MD

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT.

AMOUNT OF PAYMENT $

DATE OF SERVICE	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS. CO. NO. 1	EST. COVERAGE INS. CO. NO. 2	EST. COVERAGE INS. CO. NO. 3	EST. COVERAGE INS. CO. NO. 4	PATIENT AMOUNT
DETAIL OF CURRENT CHARGES, PAYMENTS AND ADJUSTMENTS								
07/09	001 NEUROLYSIS		1559.00					1559.00
07/09	001 ULNAR NERVE REPAIR		3817.00					3817.00
07/09	001 BLOCK,SUPRACLAVICULAR		479.00					479.00
07/09	001 US ECHO GUIDE FOR BIO		511.00					511.00
BALANCE FORWARD			0.00					
SUMMARY OF CURRENT CHARGES								
	OPERATING ROOM		5855.00					5855.00
	IMAGING/X-RAY		511.00					511.00
SUB-TOTAL OF CURR. CHARGES			6366.00					6366.00

THIS IS THE ONLY ITEMIZED BILL YOU WILL RECEIVE. PLEASE RETAIN FOR YOUR RECORDS. WE ARE BILLING THE INSURANCE THAT IS LISTED ABOVE. IF SELF PAY IS LISTED, AND YOU DO HAVE INSURANCE, PLEASE CALL 847-618-4747.

PATIENT NUMBER 71265382

PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.

63 ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS BILL WAS PREPARED, OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.

6366.00

PAY THIS AMOUNT 6366.00

NORTHWEST COMMUNITY HOSPITAL
ARLINGTON HTS, IL

001

WC DAY SURGERY CENTER
575 W KIRCHOFF
ARLINGTON HT IL 600052349
1476184747

NORTHWEST COMMUNITY HOSP
PO BOX 95865
CHICAGO IL 60694

1a PAT. CNTL. # 71265382
1b MED. REC # 0001307925 0831
5 FED. TAX NO. 363540436
6 STATEMENT COVERS PERIOD FROM 070912 THROUGH 070912

PATIENT NAME: DULBERG, PAUL
8 PATIENT ADDRESS: 4606 HAYDEN COURT
MCHENRY IL 60051
BIRTHDATE: 3191970 SEX: M
12 DATE: 070912 13 HR: 12 14 TYPE: 3 15 SRC: 1
16 DHR
17 STAT: 01
CONDITION CODES
29 ACDT STATE
30
OCCURRENCE CODE / DATE
33 OCCURRENCE CODE / DATE
35 OCCURRENCE SPAN CODE / FROM / THROUGH
36 OCCURRENCE SPAN CODE / FROM / THROUGH
37

AUTO OWNERS INS
6000 TALLGATE
SUIT D
ELGIN IL 60123

39 VALUE CODES CODE / AMOUNT
41 VALUE CODES CODE / AMOUNT

REV CD.	42 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
402	ULTRASOUND	76942	070912	1	51100		
490	AMBUL SURG	64718RT	070912	1	585500		

1001 PAGE 01 OF 01 CREATION DATE 071712 TOTALS 636600

50 PAYER NAME: AUTO OWNERS INS
51 HEALTH PLAN ID
52 REL. INFO Y
53 ASSIGN Y
54 PRIOR PAYMENTS
55 EST. AMOUNT DUE
56 NPI 1194782342
57 OTHER PRV ID

58 INSURED'S NAME: DULBERG, PAUL
59 P REL 18
60 INSURED'S UNIQUE ID: CLM#13-2779-11
61 GROUP NAME
62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION CODES
64 DOCUMENT CONTROL NUMBER
65 EMPLOYER NAME

3542 9552

ADMIT DX: 3542
PATIENT REASON DX: 3542
21 PMB CODE
72 ECI: E9289
PRINCIPAL PROCEDURE CODE / DATE: 1449 / 070912
b. OTHER PROCEDURE CODE / DATE
c. OTHER PROCEDURE CODE / DATE
74 PRINCIPAL PROCEDURE ICD: B3261QA1903X
b
c
d
75 ATTENDING NPI 1841383031 QUAL 1G F54646 LAST SAGERMAN FIRST SCOTT
77 OPERATING NPI 1841383031 QUAL 1G F54646 LAST SAGERMAN FIRST SCOTT
78 OTHER NPI QUAL LAST FIRST
79 OTHER NPI QUAL LAST FIRST

REMARKS: T = G SVC = DSC FC = P

CMS-1450 APPROVED OMB NO. 0938-0997 NTTRA

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

Northwest Suburban Anesthesiologist, Ltd

Do not send mail to below address. For USPS use only.
P. O. Box 1259, Dept. 92667
Oaks, PA 19456

For more information about your statement, contact Patient Accounts at 1-800-709-2715, or visit our website at www.patientaccounts.net

MOST MAJOR CREDIT CARDS ACCEPTED

To pay via credit card please call 1-800-709-2715 or Pay online at www.patientaccounts.net and use Access Code: FP897

Statement Date	Pay This Amount	Account #
07/16/2012	$1,365.00	71265382
Payment Due Date	SHOW AMOUNT PAID HERE	$
08/13/2012		

95156 - 1225

PAUL DULBERG
4606 HAYDEN CT
MCHENRY IL 60051-7918

Northwest Suburban Anesthesiologist Ltd
8163 Solutions Center
Chicago IL 60677-8001

☐ Please check if address or insurance information is incorrect and complete form on back.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Pay online at www.patientaccounts.net and use Access Code: FP897

Account #: 71265382 **Please Pay: $1,365.00** **Due Date: 08/13/2012**

Date	Description	Case #	Insurance Balance	Patient Balance
	Anesthesiology Services by Dr. S. SINGH for Dr. S. Sagerman			
07/09/2012	CPT Code: 64718 Billed To Patient	13180035		$1,365.00

ACCOUNT CONDITIONS	CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS
	$1,365.00	$0.00	$0.00	$0.00	$0.00

IMPORTANT MESSAGE ABOUT YOUR ACCOUNT

This is a bill for services not included on your Hospital bill.
Please call our office with questions concerning your bill.
If payment has been made please disregard this bill. Thank you.

Total Balance	$1,365.00
Insurance Pending	$0.00
Amount You Owe	$1,365.00

Make Checks Payable To: Northwest Suburban Anesthesiologist Ltd
Call 1-800-709-2715

For Billing Questions Call
1-800-709-2715 (En Español 1-888-850-1446)
Mon - Fri 8:00AM to 7:30PM ET

1of1

95156-1225

PAP-944-B-0

Alexian Brothers Medical Group

MAKE CHECKS PAYABLE TO:
ALEXIAN BROTHERS MEDICAL GROUP
PO BOX 5588
BELFAST, ME 04915-5500

FOR ACCOUNT QUESTIONS CALL:
847-506-6622
DUE DATE: 10/14/2013
PAGE: 1 of 1

DATE	DESCRIPTION	CHGS/CREDITS	OUTSTANDING
PATIENT:	PAUL DULBERG		
09/25/2013	NEW PATIENT OFFICE EXAM-DETAILED	$ 153.00	
	PROVIDER: KATHY KUJAWA, MD		
09/25/2013	CREDIT PATIENT PAYMENT - THANK YOU	$ -110.00	
	PATIENT BALANCE DUE -		$ 43.00

*** YOU ASKED FOR IT, YOU GOT IT! ***
WE NOW OFFER THE ABILITY TO MAKE ONLINE PAYMENTS! PLEASE VISIT MYALEXIANDOC.NET TO LOG INTO OUR PATIENT PORTAL. YOU CAN ALSO CONTACT THE BILLING DEPT. MONDAY-FRIDAY, 8:30AM – 4:00PM. PHONE # 847-506-6622 EMAIL: ABMGBILLING@ALEXIAN.NET

THANK YOU FOR SELECTING ABMG AS YOUR PROVIDER! PLEASE REMIT BALANCE NOW.

CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS	TOTAL ACCOUNT BALANCE	INSURANCE PENDING	CURRENT BALANCE DUE
43.00	0.00	0.00	0.00	0.00	43.00	0.00	43.00

CLOSING DATE: 09/26/2013
ACCOUNT NUMBER: 315684A380 7890

000000525-A

HAND SURGERY ASSOCIATES SC
37400 EAGLE WAY
CHICAGO, IL 60678-1374

ADDRESS SERVICE REQUESTED

IF PAYING BY MASTERCARD OR VISA, FILL OUT BELOW.	
CHECK CARD USING FOR PAYMENT ☐ MASTERCARD ☐ VISA	
CARD NUMBER	VERIFICATION #
CARDHOLDER NAME	EXP. DATE
SIGNATURE	AMOUNT

WE13 1003 0004274 220004274

[redacted] ADDRESSEE [redacted]

>27723 2363265 001 092096

PAUL DULBERG
4606 HAYDEN
MCHENRY, IL 60050

[redacted] REMIT TO [redacted]

HAND SURGERY ASSOCIATES SC
37400 EAGLE WAY
CHICAGO IL 60678-1374

Page	Statement Date	Due Date	Office Phone Number	Account #	Patient Balance	Show Amount Paid Here $_____
1	03/12/13	03/27/13	(847) 956-0099	80330	9189.00	

☐ Please check box and use reverse side to indicate address or Insurance changes

STATEMENT

RETURN THIS PORTION WITH PAYMENT

Date	ICPT & Reason	Explanation of Activity	Charges & Debits	Insurance Pending	Payments & Credits	Patient Amount
Patient: Paul Dulberg						
		Balance Forward	9159.00			
		---- Balance Forward Total				9159.00
Provider: Sagerman, Scott D						
Voucher: 767730						
01/14/13	RECEIPT #13	Self Pay Credit Card Pa			-20.00	
01/31/13	RECEIPT #13	Self Pay Credit Card Pa			-20.00	
02/28/13	RECEIPT #13	Self Pay Credit Card Pa			-20.00	
		---- Visit Total				-60.00
Voucher: 1076080						
01/14/13	99212	Office Outpt Est 10 Min	90.00			
		---- Visit Total				90.00

HAND SURGERY ASSOCIATES SC
37400 EAGLE WAY
CHICAGO, IL 60678-1374

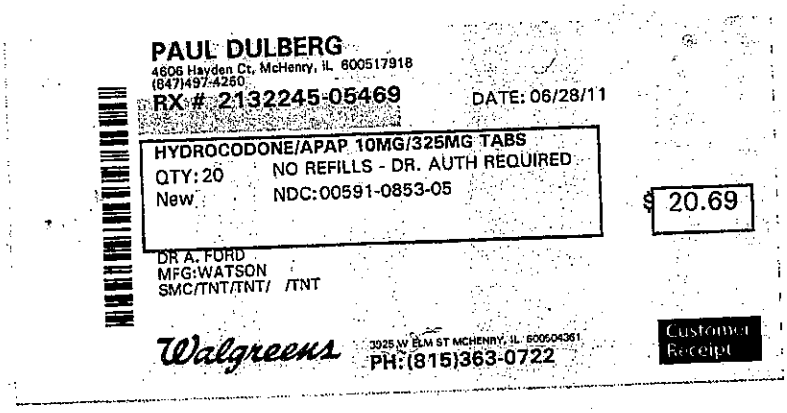
Account Number: 80330
Office Phone Number: (847)956-0099

Your prompt payment is greatly appreciated.

Ins. Pending: 0.00
Patient Balance: 9189.00

27723 2363265 027724 027724 00001/00001 920966912 92096S11028

Walgreens



PAUL DULBERG
4606 Hayden Ct, McHenry, IL 600517918
(847)497-4250
RX # 2132245-05469 DATE: 06/28/11

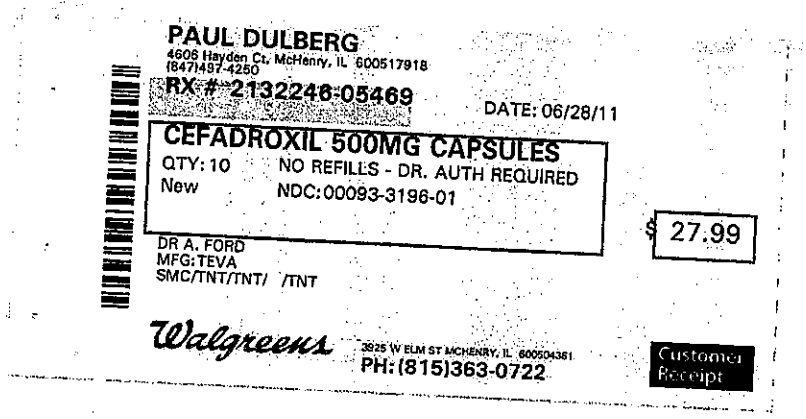
HYDROCODONE/APAP 10MG/325MG TABS
QTY: 20 NO REFILLS - DR. AUTH REQUIRED
New NDC: 00591-0853-05

$ 20.69

DR A. FORD
MFG:WATSON
SMC/TNT/TNT/ /TNT

Walgreens 3925 W ELM ST MCHENRY, IL 600504361
PH: (815)363-0722

Customer Receipt



PAUL DULBERG
4606 Hayden Ct, McHenry, IL 600517918
(847)497-4250
RX # 2132246-05469
DATE: 06/28/11
CEFADROXIL 500MG CAPSULES
QTY: 10 NO REFILLS - DR. AUTH REQUIRED
New NDC:00093-3196-01
$ 27.99
DR A. FORD
MFG:TEVA
SMC/TNT/TNT/ /TNT
Walgreens
3925 W ELM ST MCHENRY, IL 600504361
PH: (815)363-0722
Customer Receipt

Walmart Pharmacy

Store #: 1377
Report Date: 03/25/2013

Connexus Pharmacy System
Wal-Mart Pharmacy10-1377
Medical Expenses Summary

Patient: DULBERG,PAUL
4606 HAYDEN CT
MCHENRY IL-60051

Birthdate: 03/19/1970

Below is a list of your Pharmacy Orders for the date range of 01/01/2012 To 03/25/2013

Wal-Mart Pharmacy,3801 RUNNING BROOK FARMS BLVD, JOHNSBURG IL-60051
NABP Number:1458074 ID: BW2107806 NPI Number :1588681852

Date Filled / Date Written	Rx Fill ID	Drug Name / NDC	Prescriber / Physician NPI	Qty / Refill #	Days Supply	Dispense As Written	Patient Paid / TP Ref #
05/16/2012	7547463	GABAPENTIN 300MG CAP	LEVIN,KAREN FAITH	60	30	0	$ 25.79 WHI
05/16/2012	3420093	53746-0102-05	1811930811	0			94291
06/11/2012	7552483	GABAPENTIN 600MG TAB	LEVIN,KAREN FAITH	135	45	0	$ 126.08 WHI
06/11/2012	3435316	00228-2636-50	1811930811	0			91281
07/09/2012	4551869	HYDROCO/ACETAMIN	SAGERMAN,SCOTT D	25	4	0	$ 16.11 WHI
07/09/2012	3451595	7.5-325MG TAB 00406-0366-01	1841383031	0			97611
07/19/2012	4552169	HYDROCO/ACETAMIN	SAGERMAN,SCOTT D	35	3	0	$ 21.15 WHI
07/19/2012	3457029	7.5-325MG TAB 00406-0366-01	1841383031	0			50281
08/02/2012	7552483	GABAPENTIN 600MG TAB	LEVIN,KAREN FAITH	135	45	0	$ 126.08 WHI
06/11/2012	3465201	00228-2636-50	1811930811	1			03741
[redacted]							
10/02/2012	7552483	GABAPENTIN 600MG TAB	LEVIN,KAREN FAITH	135	45	0	$ 126.08 WHI
06/11/2012	3500318	00228-2636-50	1811930811	2			08581
11/16/2012	7552483	GABAPENTIN 600MG TAB	LEVIN,KAREN FAITH	135	45	0	$ 126.78 WHI
06/11/2012	3527707	00228-2636-50	1811930811	3			123211810197015999
12/28/2012	7552483	GABAPENTIN 600MG TAB	LEVIN,KAREN FAITH	135	45	0	$ 126.54 WHI
06/11/2012	3553163	00228-2636-50	1811930811	4			123631811033010999
[redacted]							
02/09/2013	7552483	GABAPENTIN 600MG TAB	LEVIN,KAREN FAITH	135	45	0	$ 126.68 WHI
06/11/2012	3580282	00228-2636-50	1811930811	5			130401804678017999
[redacted]							

Report Date 03/25/2013
Attested To By : _____
Registered Pharmacist

Total: $ 886.44

****PRIVATE-IF YOU RECEIVE THIS REPORT IN ERROR, PLEASE RETURN TO WAL*MART PHARMACY IMMEDIATELY. WAL*MART STORES, INC.**

Store #: 1377
Report Date: 03/25/2013

Connexus Pharmacy System
Wal-Mart Pharmacy10-1377
Medical Expenses Summary

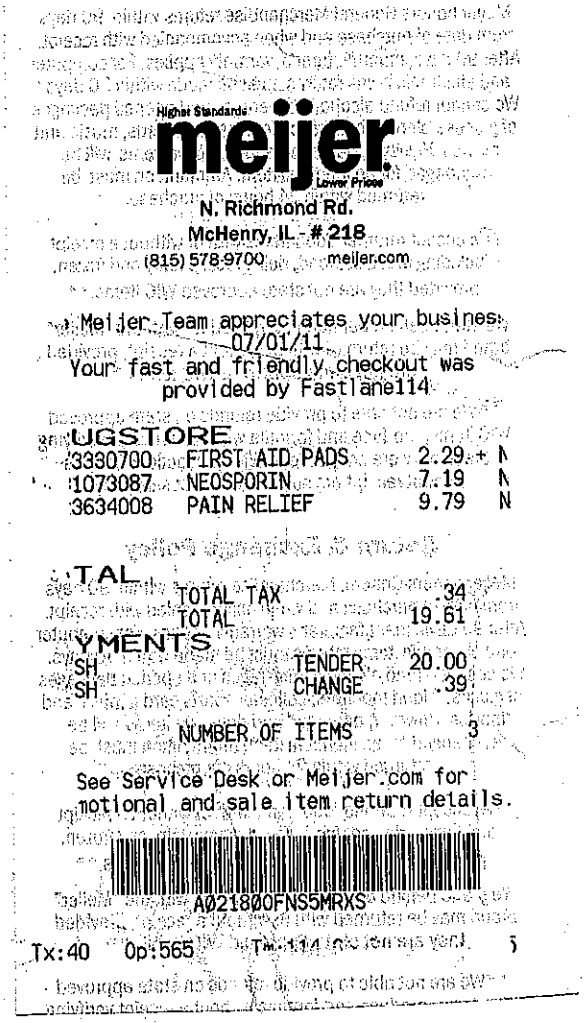
Patient: DULBERG,PAUL
4606 HAYDEN CT
MCHENRY IL 60051

Birthdate: 03/19/1970

Below is a list of your Pharmacy Orders for the date range of:01/01/2012 To 03/25/2013

****PRIVATE-IF YOU RECEIVE THIS REPORT IN ERROR, PLEASE RETURN TO WAL*MART PHARMACY IMMEDIATELY. WAL*MART STORES, INC.**

Misc. Expenses



Higher Standards
meijer
Lower Prices

N. Richmond Rd.
McHenry, IL - # 218
(815) 578-9700 meijer.com

Meijer Team appreciates your busines
07/01/11
Your fast and friendly checkout was
provided by Fastlane114

UGSTORE
3330700 FIRST AID PADS 2.29 + N
1073087 NEOSPORIN 7.19 N
3634008 PAIN RELIEF 9.79 N

TAL
TOTAL TAX .34
TOTAL 19.61

YMENTS
SH TENDER 20.00
SH CHANGE .39

NUMBER OF ITEMS 3

See Service Desk or Meijer.com for
notional and sale item return details.

A021800FNS5MRXS

Tx:40 Op:565 Tm:114