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STATEMENT

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McHenry Radiologists Imaging Associates

P.O. Box 220

McHenry IL 60051-0220

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

01518

Paul R Dulberg
4606 Hayden Court
McHenry IL 60051-7918

CHECK CREDIT CARD USING FOR PAYMENT AND FILL OUT BELOW.

<input type="checkbox"/> MasterCard		<input type="checkbox"/> VISA	
CARD NUMBER		SEC. CODE	AMOUNT
NAME ON CARD (PLEASE PRINT)			EXP. DATE
SIGNATURE			
STATEMENT DATE 07/07/2011	ACCOUNT # 235130-QMRIG	PAY THIS AMOUNT \$50.00	

AMOUNT PAID

Pay online at www.ePayitOnline.com

CodeID: MCHENRY5 Access #: 2038252-1-63

Guarantor: PAUL R DULBERG

Invoice #: 833112

MAKE CHECK PAYABLE & REMIT TO:

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
06/28/11	73090-26	CHARGES FOR PATIENT: PAUL DULBERG (235130-QMRIG) 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

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