

Pay to:
Medical Park Family Care Inc
PO Box 196622
Anchorage, AK 99519-6622
(907) 279-8486

Patient Statement
 Thursday, May 01, 2008

- Payment Type:
- Check
 - Visa
 - American Express
 - Mastercard
 - Discover
 - CareCredit

Amount Due	Amount Paid
\$ 427.40	

Account # _____
 Expiration Date ____/____/____
 Signature _____
 Date ____/____/____

John B Good
 111 Lastditch Rd
 Anchorage, AK 99502

Patient or Guarantor Information

Medical Park Family Care Inc
PO Box 196622
Anchorage, AK 99519-6622
(907) 279-8486

Patient payments that have been applied are listed in ()

Patient ID: 900001

Your account number

Doctor for this visit

Total of each line times the amount of units used to bill insurance or patient

Reflects transactions posted through 5/1/2008 for 2478

Date	Description	Check #	Fee	Units	Insurance	Patient
John B Good (90001) / R Matison White MD / 006001						
Location: Medical Park Family Care Inc						
02/01/2005	EXPANDED PROBLEM EXAM		\$122.00	1.00	\$122.00	\$0.00
02/01/2005	X-RAY EXAM OF CHEST		\$149.00	1.00	\$149.00	\$0.00
02/01/2005	CBC HEMOGRAM AND PLATELET COUNT WBC		\$46.00	1.00	\$46.00	\$0.00
02/01/2005	Payment from Good, John				\$0.00	(\$63.40)
05/19/2005	Transfer from Insurance				(\$317.00)	\$317.00
05/23/2005	Applied toward deductible.					
05/23/2005	Disallowed Contractuals Adjustment from RBMS				(\$31.70)	\$0.00
05/23/2005	Transfer from Insurance				\$31.70	(\$31.70)
					\$0.00	\$221.90

Amount not paid by insurance and reason provided by your insurance for non payment

Balance not paid by insurance / due by patient

Adjustment made and reason for adjustment

Date and Services rendered on that date

Number of units charged per line item

John B Good (90001) Thomas T Wiggins MD/010505						
Location: Medical Park Family Care Inc						
06/03/2005	DETAILED EXAM, ESTAB PT		\$177.00	1.00	\$177.00	\$0.00
06/03/2005	X-RAY EXAM OF CHEST		\$130.00	1.00	\$130.00	\$0.00
06/03/2005	XRAY, SINUSES, WATERS VIEW		\$153.00	1.00	\$153.00	\$0.00
07/05/2005	Disallowed Contractuals Adjustment from RBMS				(\$46.00)	\$0.00
07/05/2005	Payment from RBMS				(\$240.70)	\$0.00
07/05/2005	Transfer from Insurance				(\$173.30)	\$173.30
					\$0.00	\$173.30

Please Note

Total payment amount made MAY NOT reflect on statement do to paid off balances.

***** Paid off balances do not appear on statement. *****

Money not yet applied to a Date of Service but applied to your account

Ins. Balance plus Pat. Balance = Total Balance

Deposit	0-30	31-60	61-90	91-120	Over 120	Total Balance	Ins. Balance	Pat. Balance
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$427.40	\$427.40	\$0.00	\$427.40