

Bill Number: 16402			Please Pay This Amount: \$16.43	
Guarantor Name:	Guarantor Name:			
We Accept:	VISA	MasterCard	DISCOVER	
To pay by o	Amount Paid:			

Check box if your address or insurance information has changed. Please make changes on back.

Make Check Payable to:

HPDOPOB AZZITTWO 100 CRYSTAL A ENOLA PA 17025 Ալուլիկլիլիլը կինկլիլի հետևլիիում հերլիունիի

PENN STATE HEALTH PO BOX 825607 PHILADELPHIA PA 19182-5607

8256070000000016402000000000301400000000000001000000016430

Guarantor Account ID: 3014

Bill Number: 16402

Financial Detail

Patient Name: HPDOPOB AZZITTWO Provider: ANDREW D SHOEMAKER Receivable Group ID: 3531 Visit Date: 06/23/2021 Location: OP HAMPDEN CLINIC ON CAMP	<u>Charges</u>	Pay/Adj	Your Balance
06/23/2021 36415 ROUTINE VENIPUNCTURE T 06/23/2021 82952 Glucose, 0.5 Hour. Tec 06/23/2021 82947 Glucose Level. Tech 06/23/2021 Self Pay Discount 06/24/2021 Self Pay Discount 06/24/2021 Self Pay Discount 07/01/2021 Self Pay Discount 07/01/2021 Self Pay Discount	\$14.00 \$19.00 \$20.00	\$75.21- \$36.57- \$75.21 \$17.36- \$17.36	
Receivable Total	\$53.00	\$36.57-	\$16.43
Grand Total	\$53.00	\$36.57-	\$16.43



500 University Drive | Hershey, PA 17033

BILLING STATEMENT

i For billing questions or insurance changes: Para preguntas sobre su factura, llame al 717-531-5069 or 800-254-2619 Mon-Fri 8:00AM-5:00PM

Addressee

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829725000008503600772544242021060300000113015

Check if address/insurance changes are on back

Please detach and return top portion with payment.

1	Statement Number	Guarantor Name	Statement Date	Due Date	
•	7725442		06/03/2021	Upon Receipt	

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Date	Service Description	Charges	Payments/ Adjustments	Patient Balance
	Date of Service Encounter # 2001801345 Loc: Penin State rieann Lime Spring Outpatient Center Service Type: Professional			