

NORTHWEST PATHOLOGY PS
P O BOX 2837
BELLINGHAM, WA 98227

RETURN SERVICE REQUESTED

Billing Phone Number for Patient Questions: 360-671-5905
Web Address: www.northwestpathology.com

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ADDRESSEE: _____ 17905-417

1 JOHN DOE
1234 MAIN STREET
BELLINGHAM, WA 98225



IF PAYING BY VISA OR MASTERCARD, FILL OUT BELOW

VISA MASTERCARD

CARD NUMBER	EXP. DATE	AMOUNT
SIGNATURE		MUST INCLUDE 3 DIGIT SECURITY CODE FROM BACK OF CARD

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
11/09/10	\$54.41	1234567

CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT. **2** SHOW AMOUNT PAID HERE \$

MAKE CHECKS PAYABLE / REMIT TO: _____

NORTHWEST PATHOLOGY PS
P O BOX 2837
BELLINGHAM WA 98227-2837

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 IN ENCLOSED ENVELOPE

Date	Explanation of Activity	Patient Name	Charges And Debits	Payments And Credits
09/08/10	FRED MD, 88305 - LEVEL IV SURG PATH	JOHN DOE	612.00	
10/07/10	PYMT - PREMIERA			-408.32
10/07/10	ADJUSTMENT CONTRACTUAL ADJUSTMENT			-158.31
09/08/10	FRED MD, 88304 - LEVEL III SURG PATH	JOHN DOE	141.00	
10/07/10	PYMT - PREMIERA PR-2			-81.33
10/07/10	ADJUSTMENT CONTRACTUAL ADJUSTMENT			-50.63

Balance Forward	Payments & Credits	New Charges	30 Days	60 days	90 Days	120 days	TOTAL DUE
54.41	.00	.00	.00	.00	.00	.00	54.41

STATEMENT NUMBER: 9876543

9 PAY YOUR BILL ONLINE AT OUR WEBSITE: WWW.NWPATHOLOGY.COM IF YOUR INSURANCE HAS NOT BEEN BILLED, PLEASE CONTACT OUR OFFICE PAYMENTS MADE W/IN THE LAST 10 DAYS MAY NOT BE REFLECTED ON YOUR STM NORTHWEST PATHOLOGY PS

10 **DUE FROM PATIENT**
54.41

11

STATEMENT

SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION



Billing Statement Guide

- Your name and address
- Your account number with NWP
- Your ordering doctor's name
- Payment - made by you or your insurance company.
- Adjustment/contract discount - the amount that your insurance carrier agrees to accept as a participating provider and therefore is written off by NWP.
- Your name
- Total charges
- Total payments and adjustments made to your account
- Information on how to pay your bill
- Your statement number
- Your total amount due