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

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