Alexian Brothers Medical Group

MAKE CHECKS PAYABLE TO:
ALEXIAN BROTHERS MEDICAL GROUP
PO BOX 5588
BELFAST, ME 04915-5500

FOR ACCOUNT QUESTIONS CALL
847-506-6622
DUE DATE: 10/14/2013
PAGE: 1 of 1

DATE	DESCRIPTION	CHGS/CREDITS	OUTSTANDING
PATIENT:	PAUL DULBERG		
09/25/2013	NEW PATIENT OFFICE EXAM-DETAILED PROVIDER: KATHY KUJAWA, MD	$ 153.00	
09/25/2013	CREDIT PATIENT PAYMENT - THANK YOU	$ -110.00	
	PATIENT BALANCE DUE :		$ 43.00

*** YOU ASKED FOR IT, YOU GOT IT! ***
WE NOW OFFER THE ABILITY TO MAKE ONLINE PAYMENTS! PLEASE VISIT MYALEXIANDOC.NET TO LOG INTO OUR PATIENT PORTAL. YOU CAN ALSO CONTACT THE BILLING DEPT., MONDAY-FRIDAY, 8:30AM – 4:00PM. PHONE # 847-506-6622 EMAIL ABMGBILLING@ALEXIAN.NET

THANK YOU FOR SELECTING ABMG AS YOUR PROVIDER! PLEASE REMIT BALANCE NOW.

CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS	TOTAL ACCOUNT BALANCE	INSURANCE PENDING	CURRENT BALANCE DUE
43.00	0.00	0.00	0.00	0.00	43.00	0.00	43.00

CLOSING DATE: 09/26/2013
ACCOUNT NUMBER: 315684A380 7890

000000525-A

HAND SURGERY ASSOCIATES SC
37400 EAGLE WAY
CHICAGO, IL 60678-1374

ADDRESS SERVICE REQUESTED

CHECK CARD USING FOR PAYMENT	
MASTERCARD ☐	VISA ☐
CARD NUMBER	VERIFICATION #
CARDHOLDER NAME	EXP. DATE
SIGNATURE	AMOUNT

WE13 1003 0004274 220004274

[redacted] ADDRESSEE [redacted]

>27723 2363265 001 092096

PAUL DULBERG
4606 HAYDEN
MCHENRY, IL 60050

[redacted] REMIT TO [redacted]

HAND SURGERY ASSOCIATES SC
37400 EAGLE WAY
CHICAGO IL 60678-1374

Page	Statement Date	Due Date	Office Phone Number	Account #	Patient Balance	Show Amount Paid Here $
1	03/12/13	03/27/13	(847) 956-0099	80330	9189.00	

☐ Please check box and use reverse side to indicate address or Insurance changes

STATEMENT

RETURN THIS PORTION WITH PAYMEN

Date	ICPT & Reason	Explanation of Activity	Charges & Debits	Insurance Pending	Payments & Credits	Patient Amount
Patient: Paul Dulberg						
		Balance Forward	9159.00			
		---- Balance Forward Total				9159.00
Provider: Sagerman, Scott D						
Voucher: 767730						
01/14/13	RECEIPT #13	Self Pay Credit Card Pa			-20.00	
01/31/13	RECEIPT #13	Self Pay Credit Card Pa			-20.00	
02/28/13	RECEIPT #13	Self Pay Credit Card Pa			-20.00	
		---- Visit Total				-60.00
Voucher: 1076080						
01/14/13	99212	Office Outpt Est 10 Min	90.00			
		---- Visit Total				90.00

HAND SURGERY ASSOCIATES SC
37400 EAGLE WAY
CHICAGO, IL 60678-1374

Your prompt payment is greatly appreciated.

27723 2363265 027724 027724 00001/00001 920966912

Account Number: 80330
Office Phone Number: (847)956-0099

Ins. Pending: 0.00
Patient Balance: 9189.00

92096S11028

Walmart Pharmacy

Store #: 1377
Report Date: 03/25/2013

Connexus Pharmacy System
Wal-Mart Pharmacy10-1377
Medical Expenses Summary

Patient: DULBERG,PAUL,
4606 HAYDEN CT
MCHENRY IL-60051

Birthdate: 03/19/1970

Below is a list of your Pharmacy Orders for the date range of:01/01/2012 To 03/25/2013

Wal-Mart Pharmacy,3801 RUNNING BROOK FARMS BLVD, JOHNSBURG IL-60051
NABP Number:1458074 ID: BW2107806 NPI Number :1588681852

Date Filled / Date Written	Rx / Fill ID	Drug Name / NDC	Prescriber / Physician NPI	Qty / Refill #	Days Supply	Dispense As Written	Patient Paid / TP Ref #
05/16/2012	7547463	GABAPENTIN 300MG CAP	LEVIN,KAREN FAITH	60	30	0	$ 25.79 WHI
05/16/2012	3420093	53746-0102-05	1811930811	0			94291
06/11/2012	7552483	GABAPENTIN 600MG TAB	LEVIN,KAREN FAITH	135	45	0	$ 126.08 WHI
06/11/2012	3435316	00228-2636-50	1811930811	0			91281
07/09/2012	4551869	HYDROCO/ACETAMIN	SAGERMAN,SCOTT D	25	4	0	$ 16.11 WHI
07/09/2012	3451595	7.5-325MG TAB	1841383031	0			97611
		00406-0366-01					
07/19/2012	4552169	HYDROCO/ACETAMIN	SAGERMAN,SCOTT D	35	3	0	$ 21.15 WHI
07/19/2012	3457029	7.5-325MG TAB	1841383031	0			50281
		00406-0366-01					
08/02/2012	7552483	GABAPENTIN 600MG TAB	LEVIN,KAREN FAITH	135	45	0	$ 126.08 WHI
06/11/2012	3465201	00228-2636-50	1811930811	1			03741
[redacted]							
10/02/2012	7552483	GABAPENTIN 600MG TAB	LEVIN,KAREN FAITH	135	45	0	$ 126.08 WHI
06/11/2012	3500318	00228-2636-50	1811930811	2			08581
11/16/2012	7552483	GABAPENTIN 600MG TAB	LEVIN,KAREN FAITH	135	45	0	$ 126.78 WHI
06/11/2012	3527707	00228-2636-50	1811930811	3			123211810197015999
12/28/2012	7552483	GABAPENTIN 600MG TAB	LEVIN,KAREN FAITH	135	45	0	$ 126.54 WHI
06/11/2012	3553163	00228-2636-50	1811930811	4			123631811033010999
[redacted]							
02/09/2013	7552483	GABAPENTIN 600MG TAB	LEVIN,KAREN FAITH	135	45	0	$ 126.68 WHI
06/11/2012	3580282	00228-2636-50	1811930811	5			130401804678017999
[redacted]							

Report Date :03/25/2013
Attested To By :

Total: $ 886.44

Registered Pharmacist

****PRIVATE-IF YOU RECEIVE THIS REPORT IN ERROR, PLEASE RETURN TO WAL*MART PHARMACY IMMEDIATELY.**
WAL*MART STORES, INC.

Store #: 1377
Report Date: 03/25/2013

Connexus Pharmacy System
Wal-Mart Pharmacy10-1377
Medical Expenses Summary

Patient: DULBERG,PAUL,
4606 HAYDEN CT
MCHENRY IL-60051

Birthdate: 03/19/1970

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WAL*MART STORES, INC.**

Misc. Expenses

Higher Standards
meijer
Lower Prices

N. Richmond Rd.
McHenry, IL - # 218
(815) 578-9700 meijer.com

Meijer Team appreciates your busines
07/01/11
Your fast and friendly checkout was
provided by Fastlane114

UGSTORE

73390700	FIRST AID PADS	2.29	+ N
71073087	NEOSPORIN	7.19	N
73634008	PAIN RELIEF	9.79	N

TAL

	TOTAL TAX	.34
	TOTAL	19.61

YMENTS

SH	TENDER	20.00
SH	CHANGE	.39

NUMBER OF ITEMS 3

See Service Desk or Meijer.com for
notional and sale item return details.

A021800FNS5MRXS

Tx:40 Op:565 Tm:114