Associated Neurology, S.C.

Chart #18062 SSN# ASSOCIATED NEUROLOGY SC
DULBERG, PAUL DOB 03-19-70 1900 HOLLISTER DRIVE
4606 HAYDEN COURT SUITE 250
From 07/01/11
MCHENRY, IL 60051-7918 To 04/04/13 LIBERTYVILLE, IL 60048-5249
Home- (847) 497-4250 Office-(815 Practice-(847) 549-0055

T	Date	Code	Prov	Chg Amount / Pay/Cr	R	IB	Balance	Fam.Bal	Ins.Bal	Carr / PaySrc
		INITIAL OFFICE EVALUATION								
C	07-28-11	99203	KFL	225.00	N	NN	0.00	0.00	0.00	
P	07-28-11	PPCASH	KFL	-135.00	N					PATNT
P	08-10-11	PPCREDITCD	KFL	-90.00	N					PATNT
		MOTOR NCS WITH F WAVE								
C	08-10-11	95903	KFL	540.00	N	NN	540.00	540.00	0.00	
		SENSORY NCS								
C	08-10-11	95904	KFL	390.00	N	NN	390.00	390.00	0.00	
		RETURN OFFICE EVALUATION								
C	01-30-12	99213	KFL	105.00	N	NN	0.00	0.00	0.00	
P	01-30-12	PPCREDITCD	KFL	-105.00	N					PATNT
		RETURN OFFICE EVALUATION								
C	02-13-12	99212	KFL	75.00	N	NN	0.00	0.00	0.00	
P	02-13-12	PPCREDITCD	KFL	-75.00	N					PATNT
		EMG COMPLETE 5+MUSCLES 3+NERVES 4+SPINAL								
C	03-13-12	95886	KFL	485.00	N	NN	485.00	485.00	0.00	
		MOTOR NCS WITH F WAVE								
C	03-13-12	95903	KFL	540.00	N	NN	540.00	540.00	0.00	
		SENSORY NCS								
C	03-13-12	95904	KFL	390.00	N	NN	390.00	390.00	0.00	
		COPY OF MEDICAL RECORDS/ FORM FEE								
C	05-04-12	99080	KFL	33.17	N	NN	0.00	0.00	0.00	
P	05-04-12	OPMEDLEG	KFL	-33.17	N					PATNT
	1817									
		RETURN OFFICE EVALUATION								
C	05-16-12	99212	KFL	75.00	N	NN	75.00	75.00	0.00	
		COPY OF MEDICAL RECORDS/ FORM FEE								
C	07-26-12	99080	KFL	67.86	N	NN	0.00	0.00	0.00	
P	07-26-12	OPMEDLEG	KFL	-67.86	N					PATNT
	1812									
		COPY OF MEDICAL RECORDS/ FORM FEE								
C	07-31-12	99080	KFL	20.00	N	NN	0.00	0.00	0.00	
P	07-31-12	OPMEDLEG	KFL	-20.00	N					PATNT
	AA8476013									
		SUBPOENA FEE								
C	09-12-12	99075 17	KFL	38.37	N	NN	0.00	0.00	0.00	

Chart #18062
DULBERG, PAUL
4606 HAYDEN COURT

MCHENRY, IL 60051-7918
Home- (847) 497-4250 Office-(815

SSN#
DOB 03-19-70

From 07/01/11
To 04/04/13

ASSOCIATED NEUROLOGY SC
1900 HOLLISTER DRIVE
SUITE 250

LIBERTYVILLE, IL 60048-5249
Practice-(847) 549-0055

T	Date / Check #	Code	Prov	Procedure Description / Chg Amount / Pay/Cr	R	IB	Balance	Fam.Bal	Ins.Bal	Carr / PaySrc
P	09-12-12 1935	OPMEDLEG	KFL	-20.00	N					PATNT
P	09-12-12 1955	OPMEDLEG	KFL	-18.37	N					PATNT
				SUBPOENA FEE						
C	11-21-12	99075 17	KFL	67.86	N	NN	0.00	0.00	0.00	
P	11-21-12 00668054	OPMEDLEG	KFL	-67.86	N					PATNT
				RETURN OFFICE EVALUATION						
C	02-04-13	99213	KFL	115.00	N	NN	0.00	0.00	0.00	
P	02-04-13	PPCREDITCD	KFL	-115.00	N					PATNT

	Charges	Receipts	Debits	Credits	Balance
Patient:	3167.26	-747.26	0.00	0.00	2420.00
Insurance:	0.00	0.00	0.00	0.00	0.00
TOTALS:	3167.26	-747.26	0.00	0.00	2420.00

TOTAL Pd owed

ASSOCIATED NEUROLOGY SC
1900 HOLLISTER DRIVE
SUITE 250
LIBERTYVILLE, IL 60048-5249
RETURN SERVICE REQUESTED

CHECK CARD USING FOR PAYMENT

☐ MASTERCARD ☐ VISA ☐ DISCOVER

CARD NUMBER | AMOUNT

SIGNATURE | EXP. DATE

STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
08/31/13	2420.00	19316

SHOW AMOUNT PAID HERE $

ADDRESSEE:

10Z002376
POCKET 2

PAUL DULBERG
4606 HAYDEN COURT

MCHENRY, IL 60051-7918

REMIT TO:

ASSOCIATED NEUROLOGY SC
1900 HOLLISTER DRIVE
SUITE 250
LIBERTYVILLE, IL 60048-5249

☐ 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 PAYMEN

DATE	PATIENT	DESCRIPTION	CHARGES PAYMENTS ADJUSTMENTS	INSURANCE/ ADJUSTMENTS PAID	PATIENT PAID	PATIENT BALANCE DUE
081011	PAUL	MOTOR NCS WITH F WAVE	540.00	0.00	0.00	540.00
081011	PAUL	SENSORY NCS	390.00	0.00	0.00	390.00
031312	PAUL	EMG COMPLETE 5+MUSCLES 3+NERVE	485.00	0.00	0.00	485.00
031312	PAUL	MOTOR NCS WITH F WAVE	540.00	0.00	0.00	540.00
031312	PAUL	SENSORY NCS	390.00	0.00	0.00	390.00
051612	PAUL	RETURN OFFICE EVALUATION	75.00	0.00	0.00	75.00
081413	PAUL	RETURN OFFICE EVALUATION	75.00	0.00	75.00	0.00
081413	PAUL	PATIENT PAYMENT	-75.00			

ACCOUNT NUMBER: 19316

FOR QUESTIONS, PLEASE CALL PATIENT ACCOUNTS:
(847) 549-0055

ITEMS MARKED WITH AN ASTERISK <*> HAVE BEEN BILLED TO YOUR INSURANCE

AGING	CURRENT BALANCE	OVER 30	OVER 60	OVER 90	OVER 120	TOTAL
INSURANCE	0.00	0.00	0.00	0.00	0.00	0.00
PATIENT	0.00	0.00	0.00	0.00	2420.00	2420.00

MAKE CHECKS PAYABLE TO: ASSOCIATED NEUROLOGY SC

PATIENT BALANCE 2420.00