Hand Surgery Associates, SC
Dr. Sagerman/Dr. Biafora

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 |

SA11 1003 0004274 220004274

[redacted] ADDRESSEE [redacted]

>08428 2116426 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 | 08/10/12 | 08/25/12 | (847) 956-0099 | 80330 | Continued | |

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

## STATEMENT

RETURN THIS PORTION WITH PAYMEN

| ate | ICPT & Reason | Explanation of Activity | Charges & Debits | Insurance Pending | Payments & Credits | Patient Amount |
|---|---|---|---|---|---|---|
| atient: Paul Dulberg | | | | | | |
| | | Balance Forward | 116.00 | | | |
| | | ---- Balance Forward Total | | | | 116.00 |
| rovider: Sagerman, Scott D | | | | | | |
| oucher: 751730 | | | | | | |
| 6/28/12 | RECEIPT 124 | Self Pay Credit Card Pa | | | -20.00 | |
| 7/30/12 | RECEIPT 126 | Self Pay Credit Card Pa | | | -20.00 | |
| | | ---- Visit Total | | | | -40.00 |
| oucher: 767730 | | | | | | |
| 5/14/12 | 99212 | Office Outpt Est 10 Min | 90.00 | | | |
| | | ---- Visit Total | | | | 90.00 |
| oucher: 841480 | | | | | | |
| 6/06/12 | 99214 | Office Outpt Est 25 Min | 171.00 | | | |
| | | ---- Visit Total | | | | 171.00 |
| oucher: 887630 | | | | | | |
| 7/09/12 | 64718 | Neurp&/Trpos Ur Nrv Elb | 3318.00 | | | |
| 7/09/12 | 64708 | Neurp Major Prph Nrv Ar | 3353.00 | | | |
| | | ---- Visit Total | | | | 6671.00 |
| rovider: Biafora, Sam J | | | | | | |
| oucher: 818900 | | | | | | |
| 5/17/12 | 99213 | Office Outpt Est15 Min | 116.00 | | | |
| | | ---- Visit Total | | | | 116.00 |
| oucher: 887640 | | | | | | |
| 7/09/12 | 64718 | Neurp&/Trpos Ur Nrv Elb | 829.00 | | | |
| 7/09/12 | 64708 | Neurp Major Prph Nrv Ar | 838.00 | | | |

AND SURGERY ASSOCIATES SC
7400 EAGLE WAY
HICAGO, IL 60678-1374

Account Number: 80330

Office Phone Number: (847)956-0099

our prompt payment is greatly
ppreciated.

Ins. Pending: 0.00

Patient Balance: Continued

8428 2116426 016856 016856 00001/00002 920966912

92096S11028

37400 EAGLE WAY
CHICAGO, IL 60678-1374

CHECK CARD USING FOR PAYMENT

| MASTERCARD | VISA |
|---|---|
| CARD NUMBER | VERIFICATION # |
| CARDHOLDER NAME | EXP. DATE |
| SIGNATURE | AMOUNT |

SA1 1 1003 0004274 220004274

[redacted] ADDRESSEE [redacted]

PAUL DULBERG

[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 $ |
|---|---|---|---|---|---|---|
| 2 | 08/10/12 | 08/25/12 | (847) 956-0099 | 80330 | 8791.00 | |

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

## STATEMENT

RETURN THIS PORTION WITH PAYME

| Date | ICPT & Reason | Explanation of Activity | Charges & Debits | Insurance Pending | Payments & Credits | Patient Amount |
|---|---|---|---|---|---|---|
| | | ---- Visit Total | | | | 1667.0 |

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

Your prompt payment is greatly appreciated.

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

Ins. Pending: 0.00
Patient Balance: 8791.00

18428 2116426 016857 016857 00002/00002

92096S11028

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

ADDRESS SERVICE REQUESTED

FR1 1 1003 0004274 220004274

[redacted] ADDRESSEE [redacted]

>18325 2287195 001 092096

PAUL DULBERG
4606 HAYDEN
MCHENRY, IL 60050

IF PAYING BY MASTERCARD, OR VISA, FILL OUT BELOW.
CHECK CARD USING FOR PAYMENT

| ☐ MASTERCARD | ☐ VISA |
|---|---|
| CARD NUMBER | VERIFICATION # |
| CARDHOLDER NAME | EXP. DATE |
| SIGNATURE | AMOUNT |

[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 | 01/10/13 | 01/25/13 | (847) 956-0099 | 80330 | 9159.00 | |

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

## STATEMENT

RETURN THIS PORTION WITH PAYME

| Date | CPT & Reason | Explanation of Activity | Charges & Debits | Insurance Pending | Payments & Credits | Patient Amount |
|---|---|---|---|---|---|---|
| Patient: Paul Dulberg | | | | | | |
| | | Balance Forward | 8765.00 | | | |
| | | ---- Balance Forward Total | | | | 8765.0 |
| Provider: Associates, S.C., Hand Surgery | | | | | | |
| Voucher: 1059220 | | | | | | |
| 11/16/12 | 751 | STATE OF ILLINOIS MEDIC | 20.00 | | | |
| 11/14/12 | CK #AA88881 | Self Pay Check Payment | | | -20.00 | |
| | | ---- Visit Total | | | | 0.0 |
| Provider: Sagerman, Scott D | | | | | | |
| Voucher: 767730 | | | | | | |
| 1/30/12 | Receipt #13 | Self Pay Credit Card Pa | | | -4.00 | |
| | | ---- Visit Total | | | | -4.0 |
| Voucher: 1020590 | | | | | | |
| 0/22/12 | 99213 | Office Outpt Est15 Min | 116.00 | | | |
| | | ---- Visit Total | | | | 116.0 |
| Voucher: 1025240 | | | | | | |
| 2/03/12 | 99213 | Office Outpt Est15 Min | 116.00 | | | |
| 2/03/12 | 73080 | Radex Elbw Compl Minimu | 166.00 | | | |
| | | ---- Visit Total | | | | 282.0 |

AND SURGERY ASSOCIATES SC
7400 EAGLE WAY
HICAGO, IL 60678-1374

Account Number: 80330

Office Phone Number: (847)956-0099

our account is past due. Please remit ayment upon receipt of this tatement.

Ins. Pending: 0.00

Patient Balance: 9159.00

8325 2287195 018326 018326 00001/00001 920966912

92096S1102

Hand Surgery Associates, SC
Dr. Sagerman/Dr. Biafora

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 |

SA11 1003 0004274 220004274

[redacted] ADDRESSEE [redacted]

>08428 2116426 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 | 08/10/12 | 08/25/12 | (847) 956-0099 | 80330 | Continued | |

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

## STATEMENT

RETURN THIS PORTION WITH PAY

| Date | ICPT & Reason | Explanation of Activity | Charges & Debits | Insurance Pending | Payments & Credits | Patient Amount |
|---|---|---|---|---|---|---|
| Patient: Paul Dulberg | | | | | | |
| | | Balance Forward | 116.00 | | | |
| | | ---- Balance Forward Total | | | | 116 |
| Provider: Sagerman, Scott D | | | | | | |
| Voucher: 751730 | | | | | | |
| 06/28/12 | RECEIPT 124 | Self Pay Credit Card Pa | | | -20.00 | |
| 07/30/12 | RECEIPT 126 | Self Pay Credit Card Pa | | | -20.00 | |
| | | ---- Visit Total | | | | -40 |
| Voucher: 767730 | | | | | | |
| 05/14/12 | 99212 | Office Outpt Est 10 Min | 90.00 | | | |
| | | ---- Visit Total | | | | 90 |
| Voucher: 841480 | | | | | | |
| 06/06/12 | 99214 | Office Outpt Est 25 Min | 171.00 | | | |
| | | ---- Visit Total | | | | 171 |
| Voucher: 887630 | | | | | | |
| 07/09/12 | 64718 | Neurp&/Trpos Ur Nrv Elb | 3318.00 | | | |
| 07/09/12 | 64708 | Neurp Major Prph Nrv Ar | 3353.00 | | | |
| | | ---- Visit Total | | | | 6671 |
| Provider: Biafora, Sam J | | | | | | |
| Voucher: 818900 | | | | | | |
| 05/17/12 | 99213 | Office Outpt Est15 Min | 116.00 | | | |
| | | ---- Visit Total | | | | 116 |
| Voucher: 887640 | | | | | | |
| 07/09/12 | 64718 | Neurp&/Trpos Ur Nrv Elb | 829.00 | | | |
| 07/09/12 | 64708 | Neurp Major Prph Nrv Ar | 838.00 | | | |

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

Your prompt payment is greatly appreciated.

Account Number: 803
Office Phone Number: (847)956-00
Ins. Pending: 0.
Patient Balance: Continu

08428 2116426 016856 016856 00001/00002 920966912

92096S

37400 EAGLE WAY
CHICAGO, IL 60678-1374

CHECK CARD USING FOR PAYMENT

| | |
|---|---|
| ☐ MASTERCARD ☐ VISA | |
| CARD NUMBER | VERIFICATION # |
| CARDHOLDER NAME | EXP. DATE |
| SIGNATURE | AMOUNT |

SA11 1003 0004274 220004274

[redacted] ADDRESSEE [redacted]

PAUL DULBERG

[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 $ |
|---|---|---|---|---|---|---|
| 2 | 08/10/12 | 08/25/12 | (847) 956-0099 | 80330 | 8791.00 | |

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

# STATEMENT

RETURN THIS PORTION WITH PAY

| Date | ICPT & Reason | Explanation of Activity | Charges & Debits | Insurance Pending | Payments & Credits | Patient Amount |
|---|---|---|---|---|---|---|
| | | ---- Visit Total | | | | 1667 |

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

Your prompt payment is greatly appreciated.

08428 2116426 016857 016857 00002/00002

Account Number: 803
Office Phone Number: (847)956-00

Ins. Pending: 0.
Patient Balance: 8791.

92096S

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

ADDRESS SERVICE REQUESTED

FR11 1003 0004274 220004274

[redacted] ADDRESSEE [redacted]

>18325 2287195 001 092096

PAUL DULBERG
4606 HAYDEN
MCHENRY, IL 60050

[redacted] REMIT TO [redacted]

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

IF PAYING BY MASTERCARD OR VISA, FILL OUT BELOW.

CHECK CARD USING FOR PAYMENT

☐ MASTERCARD ☐ VISA

| CARD NUMBER | VERIFICATION # |
|---|---|
| CARDHOLDER NAME | EXP. DATE |
| SIGNATURE | AMOUNT |

| Page | Statement Date | Due Date | Office Phone Number | Account # | Patient Balance | Show Amount Paid Here $ |
|---|---|---|---|---|---|---|
| 1 | 01/10/13 | 01/25/13 | (847) 956-0099 | 80330 | 9159.00 | |

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

## STATEMENT

RETURN THIS PORTION WITH PAY

| Date | ICPT & Reason | Explanation of Activity | Charges & Debits | Insurance Pending | Payments & Credits | Patient Amount |
|---|---|---|---|---|---|---|
| Patient: Paul Dulberg | | | | | | |
| | | Balance Forward | 8765.00 | | | |
| | | ---- Balance Forward Total | | | | 8765 |
| Provider: Associates, S.C., Hand Surgery | | | | | | |
| Voucher: 1059220 | | | | | | |
| 11/16/12 | 751 | STATE OF ILLINOIS MEDIC | 20.00 | | | |
| 11/14/12 | CK #AA88881 | Self Pay Check Payment | | | -20.00 | |
| | | ---- Visit Total | | | | 0 |
| Provider: Sagerman, Scott D | | | | | | |
| Voucher: 767730 | | | | | | |
| 11/30/12 | Receipt #13 | Self Pay Credit Card Pa | | | -4.00 | |
| | | ---- Visit Total | | | | -4 |
| Voucher: 1020590 | | | | | | |
| 10/22/12 | 99213 | Office Outpt Est15 Min | 116.00 | | | |
| | | ---- Visit Total | | | | 116 |
| Voucher: 1025240 | | | | | | |
| 12/03/12 | 99213 | Office Outpt Est15 Min | 116.00 | | | |
| 12/03/12 | 73080 | Radex Elbw Compl Minimu | 166.00 | | | |
| | | ---- Visit Total | | | | 282 |

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

Account Number: 80

Office Phone Number: (847)956-0

Your account is past due. Please remit payment upon receipt of this statement.

Ins. Pending: 0

Patient Balance: 9159

18325 228 7195 018326 018326 00001/00001 920966912