

Chesapeake Eye Care and Laser Center
 2002 Medical Parkway
 Sajak Pavilion, Suite 320
 Annapolis, MD 21401
 RETURN SERVICE REQUESTED

Phone Number: (410) 571-8733

If you would like to pay your bill using a credit card, please go to the website of your practice to make a secure credit card payment.

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
	██████████	00020000000 ██████████

CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT.

SHOW AMOUNT PAID HERE \$

MAKE CHECKS PAYABLE / REMIT TO:

Chesapeake Eye Care and Laser Center
 PO BOX 371863
 PITTSBURGH PA 15250-7863



Stmt ID#: ██████████
 ██████████
 ██████████
 ██████████

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	Description	Amount	Ins Bal	Pat Bal	Balance
08/31/20	ENCOUNTER ██████████ WITH BENJAMIN DO, ERIN ██████████ ██████████ ██████████				
	ENCOUNTER TOTAL				

Current	30 Days	60 Days	90 Days	120 Days	Total Account Balance
\$34.06	\$0.00	\$0.00	\$0.00	\$0.00	

AMOUNT DUE



STATEMENT
 SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.

CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT.

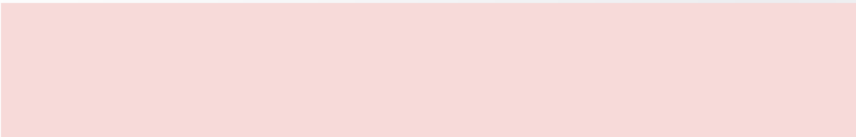
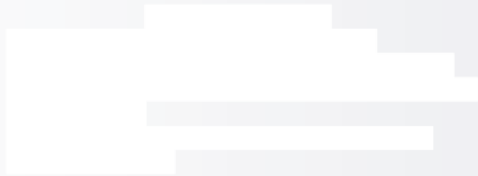
SHOW AMOUNT PAID HERE \$

MAKE CHECKS PAYABLE / REMIT TO:

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STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT IN ENCLOSED ENVELOPE



STATEMENT
SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION