



Account Number: 26
 Responsible Party: Mississippi Snow
 Statement Number: 1998610
 Statement Date: 6/17/18
 Due Date: 7/15/18

Payment Options and Important Information

Pay Online Through IRIS
<https://iris.hattiesburgclinic.com>

Pay Online As Guest
 Go to: <https://iris.hattiesburgclinic.com/guestpay>

Pay by Phone
Customer Service: 601-268-5734
 8:00 a.m. to 5:00 p.m. Monday - Friday

Welcome to your New Statement
 Your statement has a new look! We have simplified your billing statement to make it easier for you to understand and pay for your health care services. We hope you enjoy this new statement style.

Account Summary

Previous Statement Amount	0.00
New Services	2,676.00
Insurance Paid	0.00
Adjustments	0.00
You Paid	-283.00
Account Balance	\$2,578.00

Current Amount Due \$2,393.00
Due By 7/15/18

Visit Details				
Date	Description	Charges	Credits	Balance
Visit on 7/5/2013 with MARTIN, ARTHUR C - Patient SNOW,MISSISSIPPI				
07/05/2013	99204 - OFFICE/OUTPT VISIT, NEW, LEVEL IV Patient Payment/Adjustment	\$194.00	-\$98.00	\$96.00
Visit on 7/8/2013 with HBC FAM MED TEST PROV - Patient SNOW,MISSISSIPPI				
07/08/2013	99212 - OFFICE/OUTPT VISIT, EST, LEVEL II	\$53.00		\$53.00
Visit on 3/6/2015 with POWELL, JAMES G - Patient SNOW,MISSISSIPPI				
03/06/2015	76536 - US, HEAD/NECK TISSUES,REAL TIME	\$299.00		\$299.00
Visit on 9/21/2015 with HBC RADIOLOGIST TEST PROV - Patient SNOW,MISSISSIPPI				
09/21/2015	76881 - US COMPL JOINT R-T W/IMAGE DOCUMENTATION	\$296.00		\$296.00
09/21/2015	76882 - US LMTD JOINT/OTH NONVASC XTR STRUX R-T W/IMG	\$265.00		\$265.00

Please detach and return bottom portion with your payment.



HATTIESBURG CLINIC, P.A.
 P.O. Box 3488
 Dept.# 05-105
 Tupelo, MS 38803-3488

My address or insurance information has changed.
 I have written the changes on the back of this form.

Account #: 26 Statement Date: 6/17/18

VISA MasterCard AMEX DISCOVER

CARDHOLDER NAME _____

CARD # _____ EXP _____ CODE _____

SIGNATURE _____

DUE DATE	AMOUNT DUE	AMOUNT PAID
7/15/18	\$2,393.00	\$

Make checks payable / remit to:

HATTIESBURG CLINIC, P.A.
 P.O. Box 3488
 Dept.# 05-105
 Tupelo, MS 38803-3488

MISSISSIPPI SNOW
 32 RIVER AVE
 EXTRA ADDRESS LINE HERE
 HATTIESBURG, MS 39401



Account Number: 26
Responsible Party: Mississippi Snow
Statement Number: 1998610
Statement Date: 6/17/18
Due Date: 7/15/18

Date	Description	Charges	Credits	Balance
Visit on 9/30/2015 with PUCKETT, THOMAS G - Patient SNOW,MISSISSIPPI				
09/30/2015	87880 - STREP A ASSAY W/OPTIC	\$55.00		\$55.00
Visit on 2/25/2016 with BITAR, IMAD - Patient SNOW,MISSISSIPPI				
02/25/2016	76942 - SONO GUIDE NEEDLE BIOPSY	\$499.00		\$499.00
02/25/2016	76942 - SONO GUIDE NEEDLE BIOPSY	\$499.00		\$499.00
Visit on 12/15/2016 with HBC CARDIOLOGY TEST PROV - Patient SNOW,MISSISSIPPI				
12/15/2016	93224 - XTRNL ECG & 48 HR RECORD SCAN STOR W/R&I	\$516.00		\$516.00
Current Amount Due				\$2,578.00

Payments Not Yet Applied		
Date	Description	Amount
01/06/2016	BAD DEBT PAYMENT	\$35.00
01/06/2016	BAD DEBT PAYMENT	\$100.00
01/07/2016	CO-PAYMENT	\$25.00
01/07/2016	BAD DEBT PAYMENT	\$25.00