|  |  |
| --- | --- |
| 1. Patient Name | |
| Kevin E. | |
| 2. Service Date From/Through | 3.Statement Date |
| 06-06-2003 to 06-06-2003 | 06-06-2003 |

**Cayuga Medical   
Center Phone no: 354 56577  
at Ithaca** **Office hours: 8.00 a.m. to 9.00p.m**

**Kevin E.,**

**345, ddd road,**

**ITHACA, NY-14080**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Account number** | **Previous Balance** | **Charges** | **Payments/Adjs** | **Amount Due from Patient** |
| 4546757576 | 0.00 | 595.00 | 48.7 | 643.67 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Account number** | **Patient name** | **Service Date(s)** | **Statement Date(s)** | **Page** |
| 4546757576 | 0.00 | 06-06-2003 to 06-06-2003 | 06-06-2003 | 1 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates | Descriptions | Charges | Est has Coverage | Payments/Adjs |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | **TOTAL** |  |  |
|  | | | **Amount Due from Patient** |  |

**Thank you for your business!** **Signature**