SOUTH SHORE ORTHOPEDICS, LLC
Michael W. Geary, MD

Guarantor: [redacted]
Family ID: [redacted]
Phone [redacted]

Statement Date: 3/25/26

Payment Due

Hi [redacted] your balance of $86.42 is due.

Your insurance is processed. Please remit payment at your earliest convenience.

Note From Your Practice

Thank you for choosin South Shore Orthopedics. f you have questions about your bill, please call us during regular business hours at 781-881-2182. You can also email us at billing@southshoreorthopedics.com or connect with us through the patient portal. If you need assistance paying your bill, please contact our office regarding payment plan options. You can pay your bill online at www.southshoreorthopedics.com

Summary

Your insurance provider, [redacted] has been billed for 2 services. The remaining deductible balance is your responsibility.

Original cost:	$211.20
Insurance adjustment:	-$124.78
Amount due:	$86.42

Details on back >

Questions? Call us at 781-337-5555
Reference your ID: [redacted]

Pay By Mail In partnership with athenahealth

Follow the instructions below to make a payment by mail.

Detach the coupon below and include in your payment.
Place in the enclosed envelope. **No cash, stapled checks, or other paper.** Thank you!
Mail your payment! *Note: our US-based payment processor, athenahealth, processes mail payments in Maine.*

Prefer to pay by check? Detach the slip below and include your payment. No cash, stapled checks, or other paper. Thank you!

SOUTH SHORE ORTHOPEDICS, LLC
[redacted]
BELFAST, ME 04915

Make checks payable to: SOUTH SHORE ORTHOPEDICS, LLC
1. Fill out the amount enclosed below.
2. Place in provided envelope and mail.

Patient Account #	Amount Enclosed
[redacted]	

[redacted]

SOUTH SHORE ORTHOPEDICS, LLC
PO BOX 14000
BELFAST ME 04915-4033

Here are your bill details

Guarantor: [redacted]
Family ID
Phone [redacted]

Statement Date: 3/25/26

Bills for [redacted]

Bills for [redacted] visit with Michael W. Geary, MD at South Shore Orthopedics in [redacted]

(73564,TC) RADIOLOGIC EXAM, KNEE; COMP, 4 VIEWS, LEFT SIDE

Initial Cost	Insurance Adjustment	Insurance Paid	You Paid	You Owe
$111.00	**-$64.82**	-	-	**$46.18**
	3/15/26			Deductible

(73562,TC) RADIOLOGIC EXAM, KNEE; 3 VIEWS, RIGHT SIDE

$100.20	**-$59.96**	-	-	**$40.24**
	3/15/26			Deductible

Please contact your insurance company for questions related to coverage.

Total Balance Due: $86.42

Convenient. Secure. Green.

To reduce our carbon footprint, we're encouraging patients to go paperless. You'll continue to receive e-Statements.

Scan this QR code with your phone to opt out
OR opt out when you pay online today!

Create a portal account today

Review detailed bill breakdowns, payment history, and contact us securely.

Go to https://34145-1.portal.athenahealth.com/
to create an account today!

Need to Update Any of Your Personal Information?

You can make updates to contact information directly on the patient portal after creating an account. Please call us at 781-337-5555 to update insurance information.

Any dispute regarding this statement or any amounts due must be submitted in writing to: P.O. Box 19000, Belfast, ME 04915-4085
Submitting payment in an amount less than the total on this statement shall not constitute an offer to settle any dispute, regardless of any accompanying communication.