



2 Pond Park, Suite 102  
Hingham, MA 02043  
For Billing Questions Call (781) 881-2182

**ADDRESSEE:**

ADDRESS SERVICE REQUESTED 0 0



29-8912  
12254126.1  
1903604



Pay your bill online at [www.southshoreorthopedics.com](http://www.southshoreorthopedics.com)



See reverse side to make a payment by credit card or check.

**PAYMENT DUE DATE**  
Due Upon Receipt

**PATIENT RESPONSIBILITY**  
\$300.28

**ACCOUNT NUMBER**  
[REDACTED]

**STATEMENT DATE**  
11/13/2025

**REMIT TO:**

SOUTH SHORE ORTHOPEDICS, LLC  
2 POND PARK RD STE 102  
HINGHAM, MA 02043-4354



Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

Please detach and return top portion with payment

DATE	DESCRIPTION	CHARGES	INSURANCE PAYMENTS	INSURANCE ADJUSTMENTS	PATIENT PAYMENTS	PATIENT RESPONSIBILITY
	South Shore Orthopedics, LLC					
10/02/25	[REDACTED] (GRIFFITH0001) EMG Wrist Pain BIL - [REDACTED]	Sandra Maguire				
	G56.43 Causalgia of bilateral upper limbs					
10/02/25	95886 Needle emg ea extremty w	\$845.04				
10/02/25	95910 Motor &/sens 7-8 nrv cnd	\$915.08				
10/02/25	1000F Tobacco use assessed (CA	\$0.00				
10/09/25	Insurance Filed - [REDACTED]					
10/15/25	Insurance Payment - [REDACTED]		\$0.00			
10/15/25	Insurance Adjustment - [REDACTED]			\$1,459.84		
10/15/25	Deductible Due					
	Patient Due					\$300.28

**MAKE CHECKS PAYABLE TO:**



SOUTH SHORE ORTHOPEDICS, LLC  
2 POND PARK RD STE 102  
HINGHAM, MA 02043-4354

Billing Questions  
(781) 881-2182



Scan and Pay

<b>ACCOUNT NUMBER</b> [REDACTED]	<b>STATEMENT DATE</b> 11/13/2025
<b>PAYMENT DUE DATE</b> Due Upon Receipt	
<b>PATIENT RESPONSIBILITY</b> \$300.28	