**South Shore Orthopedics, LLC**
2 Pond Park Road, Suite 102
Hingham, MA 02043-4309
Forward Service Requested

FOR BILLING INQUIRIES CALL 1-781-881-2182
Client ID 460

Please complete payment information. 300000 11051

| Account No. | Date | Statement # | Amount Due |
|---|---|---|---|
| [redacted] | 08/16/2019 | | $23.05 |

| | | |
|---|---|---|
| Mail Pay | Enter Payment Amount | $ |
| by Check | Payable To: South Shore Orthopedics, LLC | Check No |
| by Card | Select Card: ☐ VISA ☐ MC ☐ DISC | |
| Card No. | | Exp. Date |
| Signature | | Sec Code |
| Online Pay | MyProviderLink.com (Form ID: [redacted] | |

014922
NEX10K 1[redacted]

**South Shore Orthopedics, LLC**
2 Pond Park Road, Suite 102
Hingham, MA 02043-4309

☐ Check if your billing information has changed. Provide update(s) above or on the reverse side.

Please detach and return top portion with paymen

Now offering online bill pay! Visit MyProviderLink.com to make a payment.

**Statement Details** — **Statement Date: 08/16/2019** — **Account No.** [redacted]

| Date | Description | Charges | Ins. Pay. | Ins. Adj. | Pat. Payments | Balance |
|---|---|---|---|---|---|---|
| | South Shore Orthopedics, LLC | | | | | |
| | [redacted] Julie Haviland | | | | | |
| 07/03/19 | **Inv #** [redacted] **(PVP)** | | | | | |
| 07/03/19 | 99213 Office/outpatient visit; established patient, | $225.00 | | | | |
| 07/03/19 | 73564 LT knee, 4v, clinic protocol | $55.00 | | | | |
| 07/03/19 | 20610 Arthrocentesis, aspiration and/or injection; | $288.00 | | | | |
| 07/03/19 | J3301 Injection, triamcinolone acetonide, not other | $40.00 | | | | |
| 07/09/19 | Insurance Filed - Blue Cross Blue Shield | | | | | |
| 07/26/19 | Patient Copayment - MCSD | | | | $30.00 | |
| 08/07/19 | Insurance Payment - Blue Cross Blue Shield | | $255.50 | | | |
| 08/07/19 | Insurance Adjustment - Blue Cross Blue Shield | | | $309.45 | | |
| 08/07/19 | BCBS copay and co-insurance | | | | | |
| | Patient Due | | | | | $13.05 |
| | Payment due upon receipt. Thank you | | | | | |
| | [redacted] John Kadzielski | | | | | |
| 7/24/19 | **Inv #** [redacted] **(PVP)** | | | | | |
| 7/24/19 | 99213 Office/outpatient visit; established patient, | $225.00 | | | | |
| 7/26/19 | Patient Copayment - MCSD | | | | $30.00 | |
| 7/26/19 | Insurance Filed - Blue Cross Blue Shield | | | | | |
| 7/31/19 | Insurance Payment - Blue Cross Blue Shield | | $105.34 | | | |
| 7/31/19 | Insurance Adjustment - Blue Cross Blue Shield | | | $79.66 | | |
| 7/31/19 | BCBS Co-payment Due | | | | | |
| | Patient Due | | | | | $10.00 |
| | Payment due upon receipt. Thank you | | | | | |

| Account Summary | Account Balance | Pending Insurance |
|---|---|---|
| | $23.05 | $0.00 |

| Amount Due |
|---|
| $23.05 |

| Aging | 0-30 Days | 31-60 Days | 61-90 Days | 91-120 Days | 120+ Days |
|---|---|---|---|---|---|
| | $10.00 | $13.05 | $0.00 | $0.00 | $0.00 |