

NORTHEAST ORTHOPAEDIC ALLIANCE, PLLC

Michael W. Geary, MD

Patient: [REDACTED]

ID# [REDACTED]

Phone: [REDACTED]

Statement Date: 9/25/26

Payment Past Due

Hi [REDACTED] your balance of \$548.00 is past due.

This is your second statement, and 1 of your bills is now over 35 days past due.
We have not received payment. Please respond to this past due notice.

Note From Your Practice

Thank you for your business. [REDACTED] Northeast Orthopaedic Alliance (NOA). [REDACTED] you have questions, please call us during our regular business hours 781-337-5555. You can email billing@southshoreorthopedics.com or connect through 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



Questions? Call us at 781-337-5555

Reference your ID: [REDACTED]

Summary

Your insurance provider, BCBS-MA, needs information from you to determine coverage. Please contact your insurer. Otherwise, this balance is your responsibility.

Original cost:	\$1,524.00
Insurance adjustment:	-\$632.33
Your payments and credits:	-\$343.67
Amount due:	\$548.00

Details start on back >

Pay By MailIn 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!



NORTHEAST ORTHOPAEDIC ALLIANCE, PLLC

BELFAST, ME 04915

Make checks payable to

NORTHEAST ORTHOPAEDIC ALLIANCE, PLLC

1. Fill out the amount
2. Place in provided envelope and mail.

Patient Account #**Amount Enclosed**

NORTHEAST ORTHOPAEDIC ALLIANCE, PLLC

PO BOX 14000
BELFAST ME 04915-4033

Here are your bill details

Statement Date: 9/25/26

Bill for your visit with Michael W. Geary, MD at South Shore Orthopedics in Hingham on 07/15/26

(99213) OFFICE O/P EST LOW 20-29 MIN

Initial Cost	Insurance Adjustment	Insurance Paid	You Paid	You Owe
\$272.00	-	-	-	\$272.00

(73080,26) RADIOLOGIC EXAM, ELBOW; 3 VIEWS, LEFT SIDE

\$276.00	-	-	-	\$276.00
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Please contact your insurance company for questions related to coverage.

Total Balance Due:

\$548.00

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.