

Statement

Send payments to:
Pittsburgh Primary Eye Care
2026 E. Carson Street Pittsburgh PA 15203 (412) 381-1542

Amt. Paid		Check #		Date	
For credit card payments, please provide the following:					
Name:	_____				
Card	_____				
Card #:	_____				
Exp Date:	_____	Security	_____		
Signature	_____				

Bill To:

Patient	Patient #
Amount Due	
Due Date	

Detach here and return top portion with payment

Date	Inv #	Patient	Description	Amount
			TOTAL:	
			PAYMENTS:	
Provider			CREDITS:	
Tax ID			BALANCE:	

Current	Over 30 days	Over 60 days	Over 90 days	AMOUNT DUE
Reminder your payment is due--To make a payment on our website please visit www.puszsiegeleyecare.com click 'Pay Invoice'				DUE DATE