

Puskar Chiropractic PLLC
 40 S. Walnut Street
 Sharpsville, PA 16150-1269
 puskarchiropractic@gmail.com
 Phone: 724-962-5025 Fax: 724-962-2022
Patient Statement

Statement Date: Thursday, May 30, 2024
JACOB PUSKAR

For Activity: 05/01/2024 thru 05/30/2024
 Cell: (724) 977-4527

Patient Balance: (\$18.00)

JACOB PUSKAR **4039-SELF Per Visit**

Date	Type	Code	Description	Charge	Ins Amount	Patient Amount	Payment	Adjust	Tax	Balance
04/30/2024	MPBF		Balance Forward							\$0.00
05/21/2024	PCC		Payment-Credit Card				\$10.00			(\$10.00)
05/21/2024	PCC		Payment-Credit Card				\$5.00			(\$15.00)
05/21/2024	PCC		Payment-Credit Card				\$3.00			(\$18.00)

Balance: (\$18.00)

Current	31 - 60 Days	61 - 90 Days	91 - 120 Days	121 + Days
(\$18.00)	\$0.00	\$0.00	\$0.00	\$0.00

Please cut along the line and enclose this portion with your payment.

JACOB PUSKAR

Account: **4039-SELF Per Visit**

Patient Balance: (\$18.00)

Credit balance. No payment is due.

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Thank you for your business!