



CAROLINA SPINE CENTER
 PO BOX 828
 HAMLET, NC 28345

1 / 1

| | |
|-------------------------|------------------|
| Statement Date | |
| Account Number | |
| Payment Due Date | Due Upon Receipt |
| Amount Due | |



Billing Questions? Call (910) 997-3733

STATEMENT - CAROLINA SPINE CENTER

| Date | Description | Charge | Adjustments | Insurance Payments | Patient Payments | Insurance Pending | Balance |
|--|-------------|--------|-------------|--------------------|------------------|-------------------|---------|
| <p>Please call at (910) 997-3733 if you have any questions about this statement or amount due. Insurance Balance is considered only for the service line(s) where Patient Balance exists.</p> | | | | | | | |

PLEASE DETACH AT THE PERFORATION AND MAIL THIS PORTION WITH YOUR PAYMENT

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

Online Bill Payment: www.carolinaspinecenter.com

| | | | |
|-------------------------------|-------------------------------------|--------------------------------------|-------------------------------|
| <input type="checkbox"/> VISA | <input type="checkbox"/> MASTERCARD | <input type="checkbox"/> DISCOVER | <input type="checkbox"/> AMEX |
| CARD NUMBER | 3 DIGIT CODE | AMOUNT PAID | |
| SIGNATURE | | EXP. DATE | |
| NAME | | STATEMENT ID | |
| AMOUNT DUE | ACCOUNT NUMBER | PAYMENT DUE DATE Due Upon Receipt | |

Please remit payments to:

CAROLINA SPINE CENTER
 PO BOX 828
 HAMLET, NC 28345