

Asthma & Allergy Specialists, P.A.  
 8045 Providence Rd.  
 Suite 300  
 Charlotte, NC 28277

Billing Questions: 704-341-9600, option 7  
 Monday - Friday: 8:00 AM - 5:00 PM

Page: 1 of 1

Patient Address Any City, NC 28277-8915

**IF PAYING BY VISA, MASTERCARD, DISCOVER OR AMERICAN EXPRESS, FILL OUT BELOW**

VISA  MASTERCARD  DISCOVER  AMER. EXP.

CARD NUMBER	EXP. DATE	AMOUNT
SIGNATURE		MUST INCLUDE 3 DIGIT SECURITY CODE FROM BACK OF CARD

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
03/15/23	\$ [REDACTED]	[REDACTED]

CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT. **SHOW AMOUNT PAID HERE \$**

MAKE CHECKS PAYABLE / REMIT TO:

Asthma & Allergy Specialists, P.A.  
 8045 Providence Rd.  
 Suite 300  
 Charlotte, NC 28277



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

**STATEMENT**

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT IN ENCLOSED ENVELOPE

DATE	PROVIDER NAME	EXPLANATION OF ACTIVITY	CHARGES AND DEBITS	PAYMENTS AND CREDITS
00/00/00	Provider	Service 1	0.00	
00/00/00	Provider	Insurance Payment Copay:\$0.00		-0.00
00/00/00	Provider	Insurance Credit		-0.00
00/00/00	Provider	Service 2	0.00	
00/00/00	Provider	Insurance Payment Copay:\$0.00		-0.00
00/00/00	Provider	Insurance Credit		-0.00

Patient Name: Patient Name	Current Charges	Balance Over 30 Days	Balance Over 60 Days	Balance Over 90 Days	Balance Over 120 Days	New Balance Pay This Amount
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

STATEMENT CLOSING DATE: 00/00/0000

Please indicate your account number [REDACTED] when calling our Billing Office: 704-341-9600, option 7

ONLINE BILL PAY NOW AVAILABLE AT <https://asthmanc.com!!!>

Please Remit To:  
**Asthma & Allergy Specialists, P.A.**  
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 Suite 300  
 Charlotte, NC 28277  
 704-341-9600, option 7

**STATEMENT**

SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION