

BLAKE AND ASSOCIATES INC

5754 BRIDGETOWN ROAD
 STE B2
 CINCINNATI, OH 45248-3141
 Phone #: (513) 661-6555

*Use the chart # found here

Statement

Statement Date [REDACTED]	Payment Due \$185.21	Chart # 3992
Check #	Show Amount Paid Here	\$

Addressee: [REDACTED] **Please Remit To:**

[REDACTED] A
 [REDACTED]
 [REDACTED]

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Please detach and return top portion with your payment

Messages
 Full payment is due in 2 weeks. Interest may be applied to balances over 30 days. Call our office to pay by credit card.

Date	Procedure	Provider	Amount
11/11/2024	NEUROMUSCULAR REEDUCATION	STOWE	\$182.00
11/25/2024	WRITE OFF - INSURANCE		(\$141.24)
11/25/2024	PAYMENT - INSURANCE		\$0.00
	Insurance Pending: \$0.00	Patient Balance: \$40.76	
11/11/2024	THERAPEUTIC ACTIVITIES	STOWE	\$94.00
11/25/2024	PAYMENT - INSURANCE		\$0.00
11/25/2024	WRITE OFF - INSURANCE		(\$73.15)
	Insurance Pending: \$0.00	Patient Balance: \$20.85	
11/11/2024	THERAPEUTIC EXERCISES	STOWE	\$88.00
11/25/2024	WRITE OFF - INSURANCE		(\$68.03)
11/25/2024	PAYMENT - INSURANCE		\$0.00
	Insurance Pending: \$0.00	Patient Balance: \$19.97	
11/18/2024	THERAPEUTIC ACTIVITIES	STOWE	\$188.00
11/18/2024	PAYMENT - PATIENT		(\$20.85)
12/04/2024	PAYMENT - INSURANCE		\$0.00
12/04/2024	WRITE OFF - INSURANCE		(\$146.30)
	Insurance Pending: \$0.00	Patient Balance: \$20.85	

	Current	30 Day	60 Day	90 Day	120 Day	Total Balance
Insurance:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Patient:	\$185.21	\$0.00	\$0.00	\$0.00	\$0.00	\$185.21
						Unapplied: \$0.00
						Payment Due: \$185.21

Please Remit Top Portion To:

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Patient [REDACTED]	Statement Date [REDACTED]	Chart # 3992
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