

**Pay to:**  
**Main Line Fertility & Reproductive**  
**Medicine Ltd**  
**825 Old Lancaster Rd**  
**Suite 170**  
**Bryn Mawr, PA 19010-3234**  
**(484) 222-2938**

Name of Company to be paid

Address to Remit Payments

Billing Specialist phone number for questions or to pay balance by phone

Pay by mail payment options

**Patient Statement**

Monday, December 10, 2018 ← Statement Date

Amount Due	Amount Paid
\$ 40.00	

Payment Type:

Cash  Check

Visa  Mastercard

AMX

Account # \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

3 digit Security Code \_\_\_\_\_  
 (found on back of card in signature section)

Reflects transactions posted through 12/10/2018 for 12345

Example Statement  
 610 Local Street  
 Bryn Mawr, PA 19010

Patient Name and Address

Patient ID (internal use)

(Detach and remit with payment)

Date	Description	Check #	Fee	Units	Insurance	Patient
	Test Patient (12345 )/John J Orris/BRY89122 Location: Bryn Mawr					
09/30/2018	Office Visit		\$ 75.00	1.00	\$ 75.00	\$0.00
09/30/2018	Estradiol		\$ 20.00	1.00	\$ 20.00	\$0.00
09/30/2018	Progesterone		\$ 20.00	1.00	\$ 20.00	\$0.00
09/30/2018	Gonadotropin Quantitative		\$ 20.00	1.00	\$ 20.00	\$0.00
09/30/2018	Venipuncture		\$ 10.00	1.00	\$ 10.00	\$0.00
11/05/2018	INSURANCE ADJUSTMENT Adjustment from Commercial Insurance	15789812CC			(\$ 105.00)	\$0.00
11/05/2018	Insurance Payment from Commercial Insurance	15789812CC			\$0.00	\$0.00
11/05/2018	Transfer from Insurance	15789812CC			(\$ 40.00)	\$ 40.00
	Patient Deductible					
					\$0.00	\$40.00

Ticket Number (internal use)

charges submitted to insurance

Description of service provided

Description of Patient Balance per Insurance Company

adjustment/reduction based on insurance

Patient Responsibility based on insurance contract and payment

Please note that as of January 2019, payments can also be made online through our website:

[www.mainlinefertility.com](http://www.mainlinefertility.com)

Amount of patient responsibility outstanding for 31-60 days

Deposit	0-30	31-60	61-90	91-120	Over 120	Total Balance	Ins. Balance	Pat. Balance
\$0.00	\$0.00	\$ 40.00	\$0.00	\$0.00	\$0.00	\$ 40.00	\$0.00	\$ 40.00

**ONCE YOUR ACCOUNT IS OUTSTANDING FOR 60 DAYS OR MORE, YOU WILL BE CHARGED A 1.5% INTEREST PER MONTH UNTIL THE BALANCE IS PAID IN FULL.**