Cincinnati GI

PO BOX 600 OAKS, PA 19456

Amount Due:

$XXX.XX

Hi Patient! This is your CURRENT Billing Statement.

Thank you for entrusting your care to a Cincinnati GI doctor.
Pay online now at www.PayMyDoctor.com. FREE, secure, easy. *NOTE* Use Practice ID 2275158

Account Name	CGI PATIENT	Account Number	XXXXXXX	Total Balance	$XXX.XX
		Statement Date	XX/XX/20XX	Due Date	XX/XX/20XX

Self Service Payment Plan

Interest-Free Payment Plans

www.PayMyDoctor.com.

Scan the below QR code to make a payment

Make Payment in Full

Pay online using the website below and enter the Practice ID: 2275158

www.PayMyDoctor.com.

detailed summary on next page

Cincinnati GI

PO BOX 600 OAKS, PA 19456
PERSONAL & CONFIDENTIAL

Account Number XXXXXXX

Please Pay This Amount **$XXX.XX**

Address Service Requested

75158.co1 1112 2275158
Stmt Date: XX/XX/20XX

Amount Enclosed

ADDRESSEE:

CGI PATIENT
PO BOX 600
OAKS, PA 19456

MAKE CHECKS PAYABLE AND REMIT TO:

CINCINNATI GI
PO BOX 632958
CINCINNATI OH 45263-2958

☐ Check if address/insurance changes are on back

CINCINNATI GI
PO BOX 600 OAKS, PA 19456
Questions? Call Us: (513) 451-9698

Date	Explanation of Activity	Charges	Payments/ Adjustments	Insurance Balance	Patient Balance
	CGI Patient *Provider Name Voucher: XXXXXXX*	$XXX.XX			
XX/XX/20XX	Scope of the Colon		-$XXX.XX		
XX/XX/20XX	Insurance Adjustment This amount represents your deductible. Please remit payment.				
	Visit Total				**$XXX.XX**

Change of Address

Name (Last, First, Middle Initial)

Address

City State ZIP

Telephone

If Paying By Credit Card, Fill Out Below

CHECK CARD USING FOR PAYMENT ☐ VISA ☐ ☐ ☐

CARD NUMBER EXP. DATE M M Y Y

SIGNATURE CVV CODE AMOUNT PAID

Account Number: XXXXXXX

Primary Insurance Updates

Primary Insured Name

Primary Insurance Name Effective Date

Primary Insurance Street Address

City State ZIP Telephone

Employer Name Group Number

Subscriber ID # Policyholder's Date of Birth