OHIO SURGERY CENTER
930 BETHEL ROAD
COLUMBUS, OH 43214-1906
PHONE: (614) 451-5022
or (888) 451-3313 ext 334

Phone numbers to call for billing questions

IF PAYING BY CREDIT CARD, PLEASE FILL OUT BELOW

CHECK CARD USING FOR PAYMENT

☐ MASTERCARD ☐ VISA

CARD NUMBER	AMOUNT
SIGNATURE	EXP. DATE
PATIENT NAME: DOE, JOHN	ACCOUNT #: 00000
AMOUNT DUE: 171.47	AMOUNT PAID

ADDRESSEE:

Patient Name

Responsible Party Name and Address

JOHN DOE
123 ANY STREET
CINCINNATI, OH 45263

☐ Please check box if your address has changed And provide your new address on the reverse.

Where the payments need to be mailed

Please make checks payable to

REMIT TO:

OHIO SURGERY CENTER
PO BOX 635816
CINCINNATI OH 45263-0001

Patient Account # - Visit # We will need this number if you call in with a question.

STATEMENT

DATE	DESCRIPTION	BALANCE
10-15-2007	Last Date of Service	
12-10-2003	Initial Billing	2394.00
01-05-2004	Aetna Discount	-1692.00
01-05-2004	Aetna Pymt	-702.00
10-17-2007	Initial Billing	3820.00
10-30-2007	Aetna Discount	-2841.00
10-30-2007	Aetna Pymt	-807.53

Amount we billed your insurance

Amount written off because we are in-network with your insurance

Amount your insurance company paid towards your bill

Amount owed by you after your insurance has paid or denied the claim. This includes your deductible, co-pay, and/or co-insurance. If you can not pay in full, please call the billing department to discuss your payment options.

ACCOUNT #	CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS
00000	171.47	0.00	0.00	0.00	0.00

STATEMENT DATE	150 DAYS	OVER 150 DAYS	INSURANCE PENDING	DUE FROM PATIENT
11-01-2007	0.00	0.00	0.00	171.47

Thank you for choosing our facility.
The remaining balance is your responsibility based on your deductible, co-pay, and/or co-insurance.
Please remit payment at this time.