

STATEMENT

SLRMC SURGICAL WEIGHT LOSS
 PO BOX 150
 WEST JORDAN UT 84084-0150

Physician Group of Utah, Inc.
 Upon review of this statement,
 if any discrepancies are noted,
 Please contact our office.

STATEMENT NUMBER: xxxxxxxx
 P/C SW L

SHOW AMOUNT PAID HERE \$ _____

888-999-9999
 OFFICE PHONE NUMBER

06/18/2010
 CLOSING DATE

xxxxxx-x
 ACCOUNT NO.

001
 PAGE NO.

33.57
 NEW BALANCE

213
 xxxxxxxx xxxxx
 xxxxxxxxxxxxxxx
 xxxxxxxxxxxxxxx

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NOTE: Charges and payments not appearing on this statement will appear on next month's statement.

CHARGES APPEARING ON THIS STATEMENT ARE NOT INCLUDED ON ANY HOSPITAL BILL OR STATEMENT

DATE OF SERVICE	PROVIDER	DESCRIPTION	ACTIVITY DATE	CHARGES	INSURANCE ACTIVITY	PATIENT ACTIVITY	PATIENT RESPONSIBLE
		xxxxxxx xxxxx	xxxxxx-xxx-x				
		Filed with MEDICARERR	103009				
091008	DR RICHARD	Filed with COMM SUPPL OFFICE/OUTPATIENT VISIT NEW	113009	350.00			
		MEDICARE PAYMENT	111209		120.86-		
		MEDICARE DISALLOW 1	111209		182.14-		
		MEDICARE DISALLOW 2	111209		13.43-		
		ZERO DOLLAR PAYMENT	121109				
		ZERO DOLLAR PAYMENT	033110				
		PATIENT RESPONSIBLE	042310				33.57
062309	DR RICHARD	Filed with MEDICARERR ADJ OF GASTRIC BAND	103009	150.00	-PENDING-		
		ZERO DOLLAR PAYMENT	110309				
		ZERO DOLLAR PAYMENT	111909				

Your account is now past due. Please remit payment or contact the business office at (801)-999-9999 OR (801)-999-9999 within 10 days to make financial arrangements.

Insurance Balance Pending 150.00

Statement Closing Date: 06/18/2010				WHEN CALLING OUR OFFICE, PLEASE INDICATE YOUR ACCOUNT NUMBER: xxxxxxx-x	
				OR STATEMENT NUMBER: xxxxxxxx	
BALANCE 30 DAYS AND UNDER	BALANCE OVER 30 DAYS	BALANCE OVER 60 DAYS	BALANCE OVER 90 DAYS	PATIENT RESPONSIBLE NEW BALANCE	
	33.57			33.57	

Send inquiries to:
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