We have redesigned your billing statement to make it easier for you to understand the services we provided and the amount you owe. With this new format, you will now be able to locate the information you need more quickly, making it easier to find the information that is most important to you.

We have added an Account Summary to provide a snapshot of your account, and we have reorganized and enhanced the detail page to better describe the services provided and the payments that have already been made.

**Key to important information on the front side of your statement.**

1. The amount we received from you over the past 30 days.
2. The amount you owe.
3. Important message about your account status.
4. Your insurance information according to our files.
5. Where to pay your statement online.
6. Your Guthrie Medical Group Account Number.
7. Our telephone numbers and office hours.
8. Payment slip - mail this with your payment if not using Online bill pay.
9. The date your payment is due.
10. Enter the amount you are paying here.

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**Guthrie Medical Group, P.C.**
Key to important information on the back side of your statement:

11. Date you were seen by your provider.
12. Provider that rendered your services.
13. Services rendered and payments received.
14. The charge for these services.
15. The amount your insurance company paid.
16. Contractual adjustments made by your insurance company.
17. Amounts you have already paid.
18. The amount you owe.
19. Remarks about your insurance payments.
20. Enter any address changes here.
21. Enter any insurance changes here.

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<table>
<thead>
<tr>
<th>Date of Service</th>
<th>Provider</th>
<th>Description</th>
<th>Charge</th>
<th>Insurance Payments</th>
<th>Insurance Adjustments</th>
<th>Patient Payments</th>
<th>Amount You Owe</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/20/14</td>
<td>INV #: 99999999</td>
<td>Office Visit Level 3, Est. Pt</td>
<td>$138.00</td>
<td>$0.00</td>
<td>$20.15</td>
<td>$67.85</td>
<td>$50.00</td>
<td>A</td>
</tr>
<tr>
<td>01/28/14</td>
<td>NY Medicare Payment</td>
<td>02/07/14 NY Central Blue Shield</td>
<td>$138.00</td>
<td>$20.15</td>
<td>$67.85</td>
<td></td>
<td>$50.00</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL**

| Total | $138.00 | $20.15 | $67.85 | $50.00 |

(A) Amount Applied To Your Deductible/Coinsurance.