

Health Care Plus
200 Putnam St
PO Box 941
Marietta, OH 45750

Corporate Address of Company

Date Statement was printed.

<input type="checkbox"/> MASTERCARD		<input checked="" type="checkbox"/> VISA		<input type="checkbox"/> VISA	
SIGNATURE				SIGNATURE CODE	
STATEMENT DATE				EXP. DATE	
11/4/2009		PAY THIS AMOUNT		PATIENT ID	
		199.20		00000000006062	

PATIENT NAME: Doe, Josh

INVOICE #'s: 09071509244401: _____, 09073119412800: _____,
09073119414601: _____, 09073119420102: _____,
09083114555831: _____

SHOW AMOUNT PAID HERE \$

Patient ID

Invoices included on this statement

Patient Name

ADDRESSEE

REMIT TO

Jane Doe
111 Main Street
Columbus, OH 43214

Health Care Plus
200 Putnam St
PO Box 941
Marietta, OH 45750

Responsible Party

STATEMENT

Please detach and return top portion with your payment

Date	Activity to Date	For: Doe, Josh	Units	Amount
	09071509244401	04/03/2009 - 04/30/2009 Home Health		
4/14/2009	Invoice Skilled Nurse Open Visit		01:15	7.20
4/15/2009	Invoice Physical Therapy Evaluation		00:45	7.20
4/24/2009	Invoice Physical Therapy Visit		00:45	13.20
4/27/2009	Invoice Physical Therapy Visit		00:40	13.20
4/27/2009	Invoice Skilled Nurse Visit		00:30	13.20
4/29/2009	Invoice Physical Therapy Visit		00:40	13.20

				67.20
	09073119412800	04/20/2009 - 04/22/2009 Home Health		
4/20/2009	Invoice Physical Therapy Visit		00:30	13.20
4/21/2009	Invoice Skilled Nurse Visit		00:30	13.20
4/22/2009	Invoice Physical Therapy Visit		00:30	13.20

				39.60
	09073119414601	05/01/2009 - 05/08/2009 Home Health		
5/1/2009	Invoice Physical Therapy Visit		00:30	13.20
5/8/2009	Invoice Skilled Nurse Visit		00:30	13.20

				26.40
	09073119420102	05/26/2009 - 05/29/2009 Home Health		
5/26/2009	Invoice Physical Therapy Visit		00:35	13.20
5/27/2009	Invoice Physical Therapy Visit		00:35	13.20
5/29/2009	Invoice Physical Therapy Visit		00:35	13.20

				39.60
	09083114555831	01/01/2009 - 08/31/2009 Home Health		
6/3/2009	Invoice Physical Therapy Visit		00:30	13.20
6/11/2009	Invoice Physical Therapy Visit		00:35	13.20

				26.40

Amount due for this statement

Invoice due upon receipt. Please contact the Billing Department at 800-937-2597 with questions.

Current	31-60	61-90	91-120	121+	Please Pay This Amount
0.00	0.00	0.00	0.00	199.20	199.20