

About your statement

If the account number on your statement starts with 101, the statement is for The Pain Institute facilities. If your account number starts with 100, disregard this side and refer to the explanation on the reverse side.

The Pain Institute is an ambulatory health care facility, accredited by the nationally-recognized Accreditation Association for Ambulatory Health Care, Inc. This accreditation demonstrates that we have met AAAHC's high standards for quality of care and professionalism in service.

Like any hospital or outpatient health care center, The Pain Institute charges for use of its facilities separately from any charges for physician's services. That means you will receive one statement showing The Pain Institute charges, and another reflecting fees for doctor's services.

Please take a few minutes to read the following information, which explains the details included in this account statement.

1. **Your name and address.** (Or the name and address of the responsible insured person, such as the parent of a minor child.)

2. **Correction space.** Check this box if your address or insurance information has changed, and write the correct information on the back of the statement.

3. **Charges.** This area shows the dates of your visits to The Pain Institute, and the services received. It also shows the total cost of the services.

4. **Insurance disposition code.** A 3-digit code shows the insurance status of this visit.

5. **Insurance payments.** Dates and amounts of payments received from your insurance company, plus any cost reductions negotiated by your insurance company.

6. **Patient payments.** Dates and amounts of payments made by you.

7. **Balance remaining.**

8. **Amount due from you for visit.**

9. **Your insurance information.** If any information is incorrect or out of date, check the box beneath your address at the top, and write any corrections on the back of the statement.

10. **Account history.** This area shows current and previous balances, plus the total due for all services.

11. **Credit card information.** If paying by credit card, indicate whether MasterCard or Visa, fill in the card number, expiration date, and amount to be paid. Sign in the space provided.

12. **Statement summary.** This area shows the statement date and total amount due from you.

13. **Your account number.**

14. **Total paid.** If you have a balance due, enter the amount of your payment here.

15. **Remittance address.** Detach the top of the statement and return it with your payment, making sure the address shows through the window of the envelope provided.

THE PAIN INSTITUTE, INC. DEPARTMENT 94805 LOUISVILLE, KY 40294 ADDRESS SERVICE REQUESTED PHONE: 502-423-1627 PHYSICIAN: MICHAEL C CRONEN D.O. 1 ADDRESSEE: 101- 75		IF PAYING BY CREDIT CARD, PLEASE FILL OUT BELOW. CHECK CARD USING FOR PAYMENT <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA CARD NUMBER _____ AMOUNT _____ SIGNATURE _____ EXP. DATE _____ STATEMENT DATE: 2/29/00 PAY THIS AMOUNT: 130.00 ACCT. #: 101- 75 PAGE: 14 SHOW AMOUNT PAID HERE \$ _____ REMIT TO:							
1 JANE DOE 1234 ANYSTREET ANYWHERE, US 40215-1820 1 Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.		15 THE PAIN INSTITUTE, INC. DEPARTMENT 94805 LOUISVILLE, KY 40294							
STATEMENT PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT									
CHARGES INSURANCE PATIENT PAYMENT									
DATE	PROCEDURE/NAME	CODES	AMOUNT	TYPE	PAYMENT	PROVIDER REDUCTION	PAYMENT	DATE	AMOUNT
8/29/96	Visit Summary 40215-1820 Phy: MICHAEL C CRONEN, D.O.	110	120.00						120.00
9 PRIMARY INSURANCE: STATE FARM INSURANCE SECONDARY INSURANCE:				10					
ACCOUNT NO.	CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	TOTAL DATE OF SERVICE BALANCE	TOTAL PATIENT DUE			
101- 75	.00	.00	.00	130.00	130.00	130.00			
THE PAIN INSTITUTE, INC MICHAEL C CRONEN, D.O. 502-423-1627 DEPARTMENT 94805 LOUISVILLE, KY 40294									

Please note that we file claims with your insurance company as a courtesy to you. If the insurance company does not pay the account within three months, you must either pay the bill, or help us resolve your account with the insurance company. You are also responsible for any non-covered costs.

If your insurance company denies coverage, ask about our Patient Assistance Program; or let us arrange a monthly payment plan using Telecheck, for your convenience.

If you must cancel an appointment at The Pain Institute, please notify us at least 24 hours in advance.

If you have questions, or wish to arrange payments on your account, please call us at (502) 423-1627, or e-mail us: billing@thepaininstitute.com. Please have your account number and insurance information available when you call, or include it in your e-mail.



Michael C. Cronen, D.O., Medical Director
Larry L. Zhou, M.D.
 Ohio Valley Pain Consortium Affiliate



252 Whittington Parkway, Louisville, KY 40222

Billing information: (502) 423-1627

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