

CANANDAIGUA MEDICAL GROUP, P.C.
 335 PARRISH STREET
 CANANDAIGUA, NY 14424-1728

CHECK CARD USING FOR PAYMENT

MASTERCARD
 DISCOVER
 VISA
 AMERICAN EXPRESS

CARD NUMBER _____ SIGNATURE CODE _____

SIGNATURE _____ EXP. DATE _____

STATEMENT DATE _____ PAY THIS AMOUNT _____ ACCT. # _____

16466-3FX9

ADDRESS SERVICE REQUESTED

LAST PMT:
 AMOUNT:

Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

PAGE: 1 of 1

SHOW AMOUNT PAID HERE \$

500117A



CANANDAIGUA MEDICAL GROUP, P.C.
 335 PARRISH STREET
 CANANDAIGUA, NY 14424-1794

16466-3FX9*T8310S98J000154

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Date of Service	Patient	Date Ins Billed	Code	Dr#	Description	Diag.	Charge	Insurance Receipts	Patient Receipts	Adjust.	Balance

Current	30-60 Days	60-90 Days	90-120 Days	120 Days +	Total Balance	*Ins. Pending	PATIENT DUE

Doctor Codes:

Account Number:

Message

Thank you for choosing the Canandaigua Medical Group for your healthcare needs. A billing charge of 1.5% per month will be applied to amounts unpaid after 30 days, with a \$2.00 per month minimum charge. Unpaid balances after 90 days, may be subject to collection action.

Make Checks Payable To:

CANANDAIGUA MEDICAL GROUP, P.C.
 335 PARRISH STREET
 CANANDAIGUA, NY 14424-1728

Billing Questions
 (585) 393-2895
Federal Tax Id
 16-0986417

