

**CIRA (252) New Statement:**

New URL: [paymybillnow.ixt.com](https://paymybillnow.ixt.com)

Statement for: [REDACTED] Y  
 Statement Date: 09/14/22  
 Account Number: [REDACTED]



Page 1 of 2

**Statement Summary**

|                                |                 |
|--------------------------------|-----------------|
| Total Charges:                 | <b>\$700.00</b> |
| Total Insurance Payments:      | \$0.00          |
| Total Insurance Adjustments:   | \$0.00          |
| Total Patient Payments:        | -\$200.00       |
| Total Patient Adjustments:     | \$0.00          |
| <b>Amount Due Upon Receipt</b> | <b>\$500.00</b> |

Your account still has an outstanding balance. Please make payment immediately to avoid further collection activity. Thank you for your prompt attention.

LIVE OPERATOR AVAILABLE MONDAY - FRIDAY 8:30AM - 5:00PM EST

This invoice is for Radiology Physicians, that are independent from the hospital, who interpret tests, help establish a diagnosis and perform unique procedures.

Insurance 1: COMMERCIAL FREE FORM-PRIMARY

Billing Questions: (844) 785-4670 Monday-Friday 8:30AM - 5:00PM EST

**Credit Cards Accepted**



**Payment Options**



**Online:**  
 Visit <https://paymybillnow.ixt.com>  
 or scan the QR code to the left.  
 Use 8883 when prompted for client ID.



**Phone:**  
 (866) 676-5372



**Mail:**  
 See pay stub below

**Use Account Number without \***

17320-TEST MT-670633-270482186-P; 164625 1-1-4; 34417823-1;

TO ENSURE PROPER CREDIT, DETACH AND RETURN THIS PORTION IN THE ENCLOSED ENVELOPE

CENTRAL ILLINOIS RADIOLOGICAL  
 ASSOCIATES, LTD  
 PO BOX 3475  
 TOLEDO, OH 43607-0475

Temp - Return Service Requested



**DO NOT REMIT PAYMENT TO THE ABOVE ADDRESS**

To make a payment go to <https://paymybillnow.ixt.com> or call (866) 676-5372

For your protection, NEVER include credit card information in the mail.

| ACCOUNT NUMBER | PATIENT    |                 |
|----------------|------------|-----------------|
| [REDACTED]     | [REDACTED] |                 |
| DUE DATE       | AMOUNT DUE | AMOUNT ENCLOSED |
| Upon Receipt   | \$500.00   |                 |

850432 (PC2)

**MAKE CHECKS PAYABLE AND MAIL TO:**

CENTRAL ILLINOIS RADIOLOGICAL  
 ASSOCIATES, LTD  
 PO BOX 775424  
 CHICAGO, IL 60677-5424

775424000060834725600100000500004



HINESVILLE, GA 31313-7970