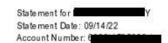
## **CIRA (252) New Statement:**

## New URL: paymybillnow.ixt.com





Page 1 of 2

## Statement Summary

Total Charges:	\$700.00
Total Insurance Payments:	\$0.00
Total Insurance Adjustments:	\$0.00
Total Patient Payments:	-\$200.00
Total Patient Adjustments:	\$0.00
Amount Due Upon Receipt	\$500.00

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

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

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

COMMERCIAL FREE FORM-PRIMARY

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

Credit Cards Accepted

**Payment Options** 











Online: Visit https://paymybillnow.ixt.com or scan the QR code to the left Use 6363 when prompted for client id.







MMC/MIS-CANI 17320-TESSTMT-670633-270482186-P; 1646251-1-4; 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 <a href="https://paymybillnow.ixt.com">https://paymybillnow.ixt.com</a> or call (866) 676-5372 For your protection. NEVER include credit card information.

in the mail.

ACCOUNT NUMBER	PATIENT	PATIENT	
-	F		
DUE DATE	AMOUNT DUE	AMOUNT ENCLOSED	
Upon Receipt	\$500.00		
		950/22 (DC2	



HINESVILLE, GA 31313-7970

MAKE CHECKS PAYABLE AND MAIL TO:

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