

CIRA MI (262) New Statement:

New URL: paymybillnow.ixt.com

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



Page 1 of 2

Statement Summary

Total Charges:	\$633.00
Total Insurance Payments:	\$0.00
Total Insurance Adjustments:	\$0.00
Total Patient Payments:	\$0.00
Total Patient Adjustments:	\$0.00
Amount Due Upon Receipt	\$633.00

LIVE OPERATOR AVAILABLE MONDAY - FRIDAY 9:30AM - 5:00 PM EST

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

FINAL NOTICE - We have sent invoices, however your bill remains unpaid. If we do not receive payment or you do not contact us within 30 days of this notice, we may place your account with a non-able to collect agency.

No insurance coverage indicated for the visit shown above. Our records indicate that you are an uninsured patient.

Billing Questions: (844) 795-4670 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 6708 when prompted for client id



Phone:
(866) 676-5372
Use Account Number without *



Mail:
See pay stub below

MONROVILLE 17326-TESTAME-070633-270403787-; 1646249-1-1; 3441782 1-1;

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

CIRA MICHIGAN, PC
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	\$633.00	

850432 (PC)



0101

MONROVILLE, IN 46773-9114

MAKE CHECKS PAYABLE AND MAIL TO:

CIRA MICHIGAN, PC
PO BOX 779040
CHICAGO, IL 60677-9040

779040000000670989901100000633004