

CIRA Old Statement:



Thank you for choosing CENTRAL ILLINOIS RADIOLOGICAL ASSOCIATES, LTD for your health care needs.

Statement Date: 05/30/22
 Responsible Party: [REDACTED]
 Account Number: [REDACTED]
 Due Date: Upon Receipt

REQUEST FOR PAYMENT

Summary of Account

Total Charges	\$499.00
Insurance Payments	-\$244.12
Insurance Adjustments	-\$193.85
Patient Payments	\$0.00
Account Adjustments	\$0.00
AMOUNT DUE	\$61.03

Amount you owe may include deductible amounts. Your prompt payment is appreciated! **PLEASE SEE BACK SIDE FOR ADDITIONAL DETAIL ON SERVICES.**

Important Messages:

Thank you for using our services. Your insurance has made payment on your account. The remaining balance due is your responsibility.

Please make payment in full using a payment method listed to the left of the statement. If you do not have other insurance or do not provide us with additional insurance information the balance due is your responsibility.

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.

Payment, Insurance & Billing Information

- Pay by credit card online anytime, day or night! www.payyourhealth.com
- Pay by credit card via phone: (877) 247-2143. Certified, safe, and secure credit card processing.
- Visit us at www.payyourhealth.com to update your insurance, address, view your account or send a message to our billing office. ID: 808318336969 Access Key: V1SNK7
- Contact the Billing Office. Please call (644) 785-4670 Monday-Friday 8:30AM - 5:00PM EST

10318-MCKSTM1-618818-247609686-P, 1501723-1-1810; 34093672-1; 1

658813 (PC2)

Pay By Mail -- Please detach and return bottom stub with your check
 -- Include account number on check and correspondence

CIRA CENTRAL ILLINOIS RADIOLOGICAL ASSOCIATES, LTD
 PO BOX 3475
 TOLEDO, OH 43607-0475
 Do Not Remit Payment to this Address
 Temp - Return Service Requested

[REDACTED]		[REDACTED]	
05/30/22	\$61.03	Upon Receipt	

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

Make Checks Payable and Mail To:

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



775424608300000053369591000061033

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[REDACTED]
 BOURBONNAIS, IL 60914-1027