Statement #: 19797281

Account #:	Amount Due:	Amount Paid:	
3904018	0.00		☐Check ☐Discover ☐Visa ☐Master Card
Statement Date:	Date Due:	Credit Card Number:	Exp. Date:
05-15-2018	06-14-2018		
		Signature: X	

Make Checks Payable and Mail to:

KEEGAN L FRANCL
3917 MARY LN

Grand Island, NE 68801

Methodist Physicians Clinic
PO Box 3755

Omaha, NE 681030755

Please detach and return this portion with your payment.
Please indicate any name and/or address changes on this form.

	Account #:	Statement #:
	3904018	19797281

Provider of Service	Date of Service	Service Provided/ Account Activity	Charges, Payments, Adjustments	Insurance Pending	Patient Balance	*R
Patient Name: KEEGAN L FRANCL						
Date of Service: 04-19-2018 Financial#: 30613150						
Regency Physicians Clinic						
	04-19-2018	Stamaril	124.57	124.57		
	04-19-2018	99401 Prev Med Counseling 15 Min	86.00	86.00		
	04-19-2018	First shot	52.00	52.00		
	05-01-2018	Billed UHC Salt Lake City				
	05-09-2018	Patient payment - Thank you!	-262.57		-262.57	
		Visit Total:	**0.00**	**0.00**	**0.00**	
		Unpaid Balance:		**0.00**	**0.00**	

Total patient payments and or co-payments applied since last statement: $ -262.57

*R - Description of Remarks

CERNER DCN STMT1.1