

Statement

Send payments to:

First Insight Eyecare-Ogallala

120 N Spruce PO Box 217
 Ogallala NE 691530217
 (308) 284-4194

Amt. Paid		Check #		Date	05/14/2024
For credit card payments, please provide the following:					
Name:	_____				
Card	_____				
Card #:	_____				
Exp Date:	_____	Security	_____		
Signature	_____				

Bill To:

ROTARY CLUB of Ogallala

PO BOX 751
 Ogallala NE 69153

Patient	Patient #
Kolt Bremer	116347028
Amount Due	\$ 200.00
Due Date	06/12/2024

 Detach here and return top portion with payment

Date	Inv #	Patient	Description	Amount
05/07/2024	24796006 3	Kolt Bremer		
			S9986 - 05 Charitable exam NO glasses - Charitable exam Diagnoses: H52.223	\$ 50.00
			TOTAL:	\$ 50.00
			PAYMENTS:	\$ 0.00
Provider	Gengenbach, Eric OD		CREDITS:	\$ 0.00
Tax ID			BALANCE:	\$ 50.00
05/07/2024	24796010 4	Brazlee Bremer		
			S9986 - 05 Charitable exam NO glasses - Charitable exam Diagnoses: H52.03	\$ 50.00
			TOTAL:	\$ 50.00
			PAYMENTS:	\$ 0.00
Provider	Gengenbach, Eric OD		CREDITS:	\$ 0.00
Tax ID			BALANCE:	\$ 50.00
05/07/2024	24796172 2	Maria Guad Luvanos		
			S9986 - 04 Charitable exam with glasses - Charitable exam - glasses Diagnoses: H52.03, H52.4, H52.223	\$ 100.00
			TOTAL:	\$ 100.00
			PAYMENTS:	\$ 0.00
Provider	Gengenbach, Eric OD		CREDITS:	\$ 0.00
Tax ID			BALANCE:	\$ 100.00

Date	Inv #	Patient	Description	Amount
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Current	Over 30 days	Over 60 days	Over 90 days	AMOUNT DUE
\$ 200.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 200.00

DUE DATE

06/12/2024
