

HOW TO READ YOUR STATEMENT

- 1 Physician Group Name - The name of the group of physicians who interpreted and documented the medical imaging exams for the patient.
- 2 Physician Group Billing Address - The address of the billing and billing office of the physicians
- 3 Online Payment Option - To pay by credit card please visit our secure online patient payment portal at xraybill.com. Most major credit cards accepted.
- 4 Provider ID – The Provider Identifier you will need to enter in the orange box on XrayBill.com.
- 5 Account # - The Account to which your services are tied and to which payment will be applied.
- 6 Payment Amount - The amount due from you for this statement.
- 7 Billing Office Phone Number - To make a payment or to ask questions about this bill, use the number listed.
- 8 Electronic Statement Delivery - You may register at this site for future statements via secure email
- 9 Name and address of Guarantor - The name and address of the person responsible for paying this bill who may or may not be the patient.
- 10 Payment Mailing Address - Please use this address to mail payment.
- 11 Date - The date the radiology services were received.
- 12 CPT Code - The medical procedure code number for the services provided.
- 13 Service Description - A description the CPT Code of the medical services provided to the patient referenced by the CPT code
- 14 Insurance Payments – Any payments received from the insurance company.
- 15 Patient Payments – Any payments received at the time of service or on the account.
- 16 Adjustments – Any adjustments made from the insurance company.
- 17 Patient Balance – Balance due for each service provided. This includes copays and deductibles.
- 18 Statement Date - Date statement was printed.
- 19 Messages - Any messages about your account will appear here.

1 Radiology Billing Company
Business Office
3206 4th Street
2 Longview, TX 75605-5143
RETURN SERVICE REQUESTED

To receive statements electronically, go to www.patientnotebook.com. Click Sign Up with a statement and enter:

8 Account Number: 1011 **7** Statement ID: 1153265268

9 ASHLEY TESTACCT
123 OHIO STATE BUCKEYES ROCK
DELAWARE OH 43015

3 To Pay by credit card or contact us by email, please visit: www.xraybill.com
Use Provider ID: RADB Account #: 1011
Statement ID: 1153265268

STATEMENT DATE	4	Provider ID	5	ACCOUNT #	6	7
04/02/2020		RADB		1011		BY THIS AMOUNT \$34.00

Phone: 903-663-8663 or 800-318-5578
Office Hours: M-Thurs 8:00am-5:00pm; Fri 8:00am-3:00pm Central

10 MAKE CHECK PAYABLE AND REMIT TO:

Radiology Billing Company
Business Office
3206 4th Street
Longview, TX 75605-5143

DETACH TOP PORTION AND RETURN WITH PAYMENT IN ENCLOSED ENVELOPE

11	DATE	12	CPT CODE	13	SERVICE DESCRIPTION	CHARGES	14	INS PAYMENTS	15	PATIENT PAYMENTS	16	ADJUST	17	PATIENT BALANCE
	02/19/2020	0			GUARANTOR ON-ACCT PAY FACILITY:	0.00		0.00		5.00		0.00		0.00
	04/02/2020	7104526			X-RAY EXAM CHEST 1 VIEW FACILITY:	39.00		0.00		0.00		0.00		39.00

18 Account Information

Statement Date: 04/02/2020
Provider ID: RADB
Account: 1011
Statement ID: 1153265268
Patient: ASHLEY TESTACCT
Patient Balance: \$34.00

DUE NOW

\$34.00

This amount is your responsibility

To pay your balance of **\$61.19** please select one:

- Visit Xraybill.com to pay by credit card or contact us by email.
- Mail top portion of this statement along with your payment.
- Call our office to pay by phone at 903-663-8663 or 800-318-5578

Please scan the QR here to pay your bill

Radiology Billing Company
Business Office
3206 4th Street
Longview, TX 75605-5143

158490-1-13217828