



**BOISE KIDNEY  
& HYPERTENSION INSTITUTE**

3525 E. LOUISE DR  
SUITE 100  
MERIDIAN ID 83642-6303

This is the Account Number ➔

IF PAYING BY CREDIT CARD, PLEASE FILL OUT BELOW.		
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA	<input type="checkbox"/> DISCOVER
CARD NUMBER		AMOUNT
SIGNATURE	SECURITY CODE	EXP. DATE
ACCOUNT NUMBER 200100031	PAYMENT DUE DATE 09/02/15	STATEMENT DATE 08/05/15
PLEASE PAY THIS AMOUNT 54.32	AMOUNT PAID HERE \$	

**Dr Strange Connect**

6543 Star Rd  
Apt 120  
STAR, ID 83669

**BOISE KIDNEY & HPTN INST**

3525 E. LOUISE DR  
SUITE 100  
MERIDIAN ID 83642-6303

Please detach and return top portion with your payment. Do not staple or use paper clips.

Charges				
Date	Description	Charges	Credits	Balance
<b>Visit on 7/2/2015 with FEARDAY, AARON A - Patient CONNECT, DR STRANGE</b>				
07/02/2015	LVL 4 OFFICE/OUTPATIENT VISIT, EST	392.32		42.32
07/02/2015	COLLECTION VENOUS BLOOD, VENIPUNCTURE	12.00		12.00
07/02/2015	Insurance Payment - AETNA		200.00	
07/02/2015	Insurance Payment - COMMERCIAL		100.00	
07/14/2015	PATIENT PAYMENT		50.00	

Payments under Review		
Date	Description	Amount
07/02/2015	CO-PAYMENT	50.00

Statement Summary

Account #: 200100031

Please Pay: \$54.32

Statement Date: 08/05/15

Due Date: 09/02/15

Billing Questions? Please call 208-472-0529

Patient Balance: **\$ 54.32**