


Praxis Medical Group
 PO Box 1534
 Pendleton, OR 97801

1/1



BEND, OR 97702-3492

Statement Date	
Account Number	
Payment Due Date	Due Upon Receipt
Amount Due	

For services performed at: PRAXIS MEDICAL
 GROUP, P.C.
 Billing Questions? Call (877) 708-1119
 or email us at billing@adaugeohealthcare.com

STATEMENT - PRAXIS MEDICAL GROUP, P.C.

Date	Provider	Patient	Description	Charges	Insurance Payments	Patient Payments	Adjustments	Balance
** Payment is due upon receipt. Thank you. **								
Current		Over 30 Days		Over 60 Days		Over 90 Days		Total Balance
								Total Amount Due

PLEASE DETACH AT THE PERFORATION AND MAIL THIS PORTION WITH YOUR PAYMENT

Please check box if above address is incorrect or if insurance information has changed and indicate change(s) on reverse.

<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMEX		
CARD NUMBER	3 DIGIT CODE	AMOUNT PAID
SIGNATURE		EXP. DATE
NAME		STATEMENT ID
		60105526
AMOUNT DUE	ACCOUNT NUMBER	PAYMENT DUE DATE
		Due Upon Receipt

Save a stamp! Pay your bill online, go to:
<https://patients.availity.com/>

Statement ID: 60105526
 Access Code: 2E0F73

Please remit payments to:
 Praxis Medical Group
 PO Box 1534
 Pendleton, OR 97801

For services performed at: PRAXIS MEDICAL GROUP, P.C.