

Statement

Send payments to:

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

Amt. Paid		Check #		Date	08/11/2022
For credit card payments, please provide the following:					
Name: _____					
Card _____					
Card # _____					
Exp Date: _____ Security Code: _____					
Signature: _____					

Bill To:

ROTARY CLUB of Ogallala
 PO BOX 751
 Ogallala NE 69153

Patient	Patient #
Jose Ordaz	93877360
Amount Due	\$ 50.00
Due Date	09/10/2022

 Detach here and return top portion with payment

Date	Inv #	Patient	Description	Amount
08/04/2022	19060769 1	Jose Ordaz		
			S9986 - 05 Charitable exam NO glasses - Charitable exam Diagnoses: H52.03, H52.223	\$ 50.00
			TOTAL:	\$ 50.00
			PAYMENTS:	\$ 0.00
Provider	Gengenbach, Victoria OD		CREDITS:	\$ 0.00
Tax ID			BALANCE:	\$ 50.00

Current	Over 30 days	Over 60 days	Over 90 days	AMOUNT DUE
\$ 50.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 50.00
				DUE DATE
				09/10/2022

76-1391/1049 8719

OGALLALA ROTARY
 P.O. BOX 751
 OGALLALA, NE 69153

DATE 8-18-22

PAY TO THE ORDER OF First Insight Eyecare \$ 100.00
One Hundred & 00/100 DOLLARS

VOID AFTER 90 DAYS

Pinnacle Bank 1.800.227.7715
 THE WAY BANKING SHOULD BE pinnbank.com

MEMO Youth Eyecare Project

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