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	190607691	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