Send payments to:	Sta	Statemen		
First Insight Eyecare-Ogallala	Amt. Paid Check # Date	05/15/2024		
120 N Spruce PO Box 217 Ogallala NE 691530217	For credit card payments, please provide the following:  Name:			
(308) 284-4194	Card			
	Card #:			
	Exp Date: Security			
	Signature			

ROTARY CLUB of Ogallala Kolt Bren	nar 11634702
PO BOX 751 Amount [	Due \$ 300.0
Ogallala NE 69153 Due Da	te 06/14/202

Detach here and return top portion with payment

Date	Inv #	Patient	Description	Amount	
05/07/2024	24796006 3	Kolt Bremar			
			S9986 - 05 Charitable exam NO glasses - Charitable exam Diagnoses: H52.223	\$ 50.00	
			TOTAL:	\$ 50.00	
			PAYMENTS:	\$ 0.00	
Provider	Gengenba	ch, Eric OD	CREDITS:	\$ 0.00	
Tax ID	Tax ID BALANCE		BALANCE:	\$ 50.00	
05/07/2024	24796010 4	Brazlee Bremer			
	-		S9986 - 05 Charitable exam NO glasses - Charitable exam Diagnoses: H52.03	\$ 50.00	
			TOTAL:	\$ 50.00	
			PAYMENTS:	\$ 0.00	
Provider	Gengenba	ch, Eric OD	CREDITS:	\$ 0.00	
Tax ID			BALANCE:	\$ 50.00	
05/07/2024	24796172 2	Maria Guad Luvanos			
			S9986 - 04 Charitable exam with glasses - Charitable exam - glasses Diagnoses: H52.03, H52.4, H52.223	\$ 100.00	
			TOTAL:	\$ 100.00	
			PAYMENTS:	\$ 0.00	
Provider	Gengenba	ch, Eric OD	CREDITS:	\$ 0.00	
Tax ID			BALANCE:	\$ 100.00	
05/15/2024	24814088 5	Mateo Rivas			
			CHARITABLE EXAM WITH GLASSES	\$ 100.00	
			Billed to Other Payor - Invoice 248138248 : (\$100.00)	\$ 0.00	

Date	Inv #	Patient	Description	Amount
			Transfer In - Chgd back to Primary Insurance : \$100.00	\$ 0.00
			TOTAL:	\$ 100.00
			PAYMENTS:	\$ 0.00
Provider	Gengenba	ch, Eric OD	CREDITS:	\$ 0.00
Tax ID			BALANCE:	\$ 100.00

Current	Over 30 days	Over 60 days	Over 90 days	AMOUNT DUE
\$ 300.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 300.00
				DUE DATE

**DUE DATE** 06/14/2024