



Phone: 603.298.6736

Fax: 602.298.6737

How To Read Your Statement

The charges column reflects the billed amount for the MRI. This is always just one charge. The receipts column reflects any payments or adjustments made by you or your insurance company.

1. OTC Payment – Over the counter payments will reflect any payments made by the patient in person, by phone, or by mail.
2. Commercial billing – This is the charge for the MRI
3. Commercial adjustment – Adjustments will be made when the charged amount differs from the contracted rate with your insurance company.

NEW HAMPSHIRE OPEN MRI

Phone: 603.298.6736

Fax: 602.298.6737



Statement Date: 4/26/2024

<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Amex <input type="checkbox"/> Discover	
Card Number	Amount
Signature	Exp. Date

Patient: [REDACTED] Account Number: 2013499 Last Visit Date:

Addressee: [REDACTED] [REDACTED] SOUTH BURLINGTON VT 05403 <small><input type="checkbox"/> Please check box if above address is incorrect and indicate change on reverse side</small>	Remit To: Vermont Open MRI 3000 Williston Road South Burlington VT 05403-6500 Phone: (802) 863-1249
--	--

Account - Visit #	Date of Service	Tx Date	Description of Service	Charges	Receipts
2013499-2	3/11/2021	3/11/2021	OTC Payment	\$0.00	\$188.68
2013499-2	3/11/2021	3/12/2021	Commercial Billing	\$1199.00	\$0.00
2013499-2	3/11/2021	3/24/2021	Commercial Adj	\$0.00	\$255.66
2013499-2	3/11/2021	3/24/2021	Commercial Payment	\$0.00	\$82.38
2013499-2	3/11/2021	3/30/2021	OTC Payment	\$0.00	\$672.28

	Outstanding Balance	Pending Balance	Due Now
	\$0.00	\$0.00	\$0.00

Account Aging						
Current	30	60	90	120	150	180
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Line 1: Payment made by the patient at the time of service

Line 2: Amount charged to the insurance company

Line 3: Adjustment to the contracted rate

Line 4: Amount paid by the insurance company

Line 5: Payment made by the patient after receiving a bill in the mail