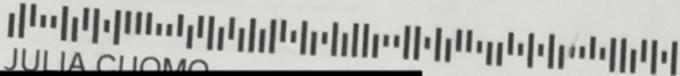




Weill Cornell Physicians
 575 Lexington Ave. Suite 540
 New York, NY 10022-6102

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7650 1 AV 0.378



JULIA CUOMO

Statement Date	Account Number	Amount Due	AMOUNT ENCLOSED
02/20/2015	[REDACTED]	\$70.00	\$
YOU CAN PAY ONLINE AT WWW.WEILLCORNELL.ORG			
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
Card Number	[REDACTED]		
Cardholder Name	[REDACTED]		
Signature	[REDACTED]		
INV# 1356276	MRN# 74751028	Exp. Date / /	

MAKE CHECKS PAYABLE AND MAIL TO:

Weill Cornell Medical College
 GPO Box 28375
 New York, NY 10087-8375

DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT. IF ADDRESS OR INSURANCE INFORMATION IS INCORRECT PLEASE INDICATE CHANGE(S) ON REVERSE SIDE.

Weill Cornell Physician Organization At NewYork-Presbyterian/ Weill Cornell
STATEMENT OF PROFESSIONAL SERVICES AS OF FEBRUARY 20, 2015

Guarantor: Julia Cuomo
 Patient: Julia Cuomo

Account Number: 100508667
 Medical Record #: 74751028

Tax Identification: 13-1623978

SUMMARY

TOTAL AMOUNT DUE

\$70.00

An Important Message Regarding Your Account

Your account is past due and requires your immediate attention. To avoid further collection activities, please remit payment in full.

Visit Number: 1
 Provider: Rana Shafiq-Hoda, MD
 Weill Cornell Pathology
 Location: Office
 Referred By: Lauren P Feit, MD

Payment Activity

01/14/15 Total Charges

\$70.00

Patient Balance Due

\$70.00

01/14/15 88175 Pap Test

Total 70.00
\$70.00

Diagnosis Code(s): V76.2

