



Spence Counseling Center
 12035 Q ST
 OMAHA, NE 68137-3542
 (402)991-0611

*pay
 online
 option ↓*

| | | |
|---|----------------------------|---------------------|
|  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> | | |
| CARD NUMBER | EXP. DATE | SIGNATURE CODE |
| NAME ON CARD | | SIGNATURE |
| STATEMENT DATE 01/19/2011 | PAY THIS AMOUNT \$25.00 | ACCT. # SWALI000 |

Save a stamp! Pay this bill online at: www.PayforHealth.com >>> Statement ID: 15215726
 Password: doISJX

SHOW AMOUNT PAID HERE \$

ADDRESSEE: _____ REMIT TO: _____
 Spence Counseling Center
 12035 Q ST
 OMAHA, NE 68137-3542



TEST STATEMENT
 12035 Q ST
 OMAHA, NE 68137-3542

STATEMENT

Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

| Date | Procedure | Charge | Paid by Primary | Paid by Secondary | Applied to Deductible | Paid by Guarantor | Adjustments | Remainder |
|---|-----------|--------|-----------------|-------------------|-----------------------|-------------------|-------------|-----------|
| patient: test statement case: statement test 1/19/11 Date of Last Payment: 1/19/2011 amount: -150.00 | | | | | | | | |
| 01/19/11 | 90801 | 175.00 | 0.00 | | | -150.00 | | 25.00 |

Amount Due
\$25.00