

MAKE CHECKS PAYABLE TO:



Noran Neurological Clinic
 2828 Chicago Ave S # 200
 Minneapolis, MN 55407

New online Bill Payment: Visit www.noranclinic.com

ADDRESSEE:

ADDRESS SERVICE REQUESTED



This is the date your statement was printed

TO PAY BY CHECK OR CREDIT CARD ONLINE, PLEASE GO TO WWW.NORANCLINIC.COM AND CLICK ON "MAKE A PAYMENT." ENTER THIS CODE FOR QUICKER ACCESS. ↘

<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> AMEX <input type="checkbox"/> Discover		8T7US
Card Number		Amount
Signature		Exp. Date
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NUMBER
Due Date:		SHOW AMOUNT PAID HERE \$

REMIT TO:

NORAN NEUROLOGICAL CLINIC
 2828 CHICAGO AVE STE 200
 MINNEAPOLIS MN 55407-1544

This is the amount that you are responsible for paying

If you are interested in making a payment online use this code.

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

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT.

PATIENT NAME :

DATE	DESCRIPTION	PROVIDER	CHARGES	PYMT./ADJ.	PATIENT RESP. PENDING LITIGATION	PATIENT RESPONSIBILITY
This is the date of your service	This is a short description of the services provided	This is the name of the provider who provided the service	This is the charge amount for the service	Any payments or adjustments to the charge are shown here	If you are treating for a motor vehicle, workers compensation, or personal liability injury, patient responsibility balances pending litigation will show here	This is your current patient responsibility balance that you are responsible for paying as of the date of this statement
Patient responsibility balances that are broken down by age in days		The total from the patient responsibility pending litigation column will show here		This is your total account balance including both patient responsibility and anything pending with insurance.	This is the total balance still out to insurance	The total from the patient responsibility column will show here. This is your responsibility to pay.

PAST DUE					ACCOUNT	PENDING
Current	31-60	61-90	91-120	Over 120	Total Balance	Ins. Balance

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PATIENT RESP. →
PENDING LITIGATION

PATIENT →
RESPONSIBILITY