



3545 Olentangy River Rd., Ste. 525  
Columbus, OH 43214-3907

Date:	Account #:	Amount Due:	Amount Paid:
11/09/20	571020506	\$787.77	

If paying by credit card, please fill out below:

Card Number	Exp. Date
Full Name (Please Print)	CCV Code

ADDRESSEE:

SAMPATH DINDU  
541 Crimson Rose Run  
Westerville, Ohio 43081

PLEASE MAKE CHECKS PAYABLE AND REMIT TO:

Riverside Surgical Associates  
3545 Olentangy River Rd., Ste. 525  
Columbus, OH 43214-3907

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Please detach and return top portion with payment. Do not staple or use paper clips.

Charges				
Date	Description	Charges	Credits	Balance
<b>Visit on 5/5/2020 with TOSCANO, ROBERT L. - Patient DINDU,SAMPATH</b>				
05/05/2020	OFFICE/OUTPATIENT VISIT NEW LVL 3	\$165.00		\$0.00
06/26/2020	Insurance Payment - Commercial Payor		\$138.86	
05/21/2020	Insurance Adjustment - Commercial Payor		\$90.00	
<b>Visit on 5/26/2020 with TOSCANO, ROBERT L. - Patient DINDU,SAMPATH</b>				
05/26/2020	LAP,APPEDECTOMY	\$1,400.00		<b>\$787.77</b>
06/19/2020	Insurance Payment - Cigna/GreatWest		\$0.00	
06/26/2020	Insurance Payment - Commercial Payor		\$0.00	
06/19/2020	Insurance Adjustment - Cigna/GreatWest		\$612.23	
<b>Current Balance Due:</b>				<b>\$787.77</b>

Current Balance	Over 30 Days	Over 60 Days	Over 90 Days	Over 120 Days
787.77	0.00	0.00	0.00	0.00

For billing questions call: (614) 261-1900 Option #3  
Office Hours Monday-Friday 9am-5pm