

Spectrum Family Medicine
 519 Keisler Dr, Suite 104
 Cary NC 27518-7098

For Billing Questions, Please Call :
 (919) 650-6363

 #-0001-##-37-292-292-38 P 1 of 1
 T1 P1 *****AUTO**ALL FOR AADC 275
 MANIPRAKASAM KULOTHUNGAN
 1511 POND GLEN WAY
 CARY NC 27519-8715



IF PAYING BY CREDIT CARD, PLEASE FILL OUT BELOW. CHECK CARD USING FOR PAYMENT

VISA MASTERCARD

CARD HOLDER NAME (PLEASE PRINT NAME) ZIP CODE SECURITY CODE

CARD NUMBER AMOUNT

SIGNATURE EXP. DATE

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
12/27/2022	\$106.91	1844

CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT SHOW AMOUNT PAID HERE \$

MAKE CHECKS PAYABLE / REMIT TO:

Spectrum Family Medicine
 519 Keisler Dr, Suite 104
 Cary NC 27518-7098

STATEMENT

DATE	DESCRIPTION OF SERVICE	INSURANCE	PATIENT
	Maniprakasam Kulothungan (1844)		
09/09/2022	Office or other outpatient visit for the evaluati	\$219.14	\$0.00
	09/29/2022 Golden Rule adjusted (Contractual Adj)	(\$115.23)	
	09/29/2022 Golden Rule transferred (Apply to Pt Deductible)	(\$103.91)	\$103.91
09/21/2022	PREV VISIT, EST, AGE 18-39	\$237.03	\$0.00
09/21/2022	Inf Virus vaccine, Flucelvax Quad (CCIIV4) 2022-2023	\$45.00	\$0.00
09/21/2022	IMMUNIZATION ADMIN	\$51.26	\$0.00
09/21/2022	ROUTINE VENIPUNCTURE	\$6.19	\$0.00
09/21/2022	SPECIMEN HANDLING	\$20.00	\$0.00
	10/06/2022 Golden Rule adjusted (Contractual Adj)	(\$4.69)	
	10/06/2022 Golden Rule transferred (Apply to Pt Deductible)	(\$1.50)	\$1.50
	12/06/2022 Golden Rule adjusted (Write-off Adj)	(\$20.00)	
10/14/2022	ROUTINE VENIPUNCTURE	\$6.19	\$0.00
10/14/2022	SPECIMEN HANDLING	\$20.00	\$0.00
	10/27/2022 Golden Rule adjusted (Contractual Adj)	(\$4.69)	
	10/27/2022 Golden Rule transferred (Apply to Pt Deductible)	(\$1.50)	\$1.50
	10/27/2022 Golden Rule adjusted (Contractual Adj)	(\$20.00)	

Statement Date	Account #	Current	31 - 60	61 - 90	91 - 120	Over 120
12/27/2022	1844	\$0.00	\$0.00	\$106.91	\$0.00	\$0.00

Payments can be made on our website at www.specfamilymed.com/bill-pay.
 If you would like to make a payment over the phone, please call the office at 919.233.8183.

INSURANCE PENDING	\$333.29
ACCOUNT BALANCE	\$106.91

Spectrum Family Medicine

STATEMENT

Spectrum Family Medicine
 519 Keisler Dr, Suite 104
 Cary NC 27518-7098

For Billing Questions, Please Call :
 (919) 650-6363

##-0001-##-36-285-285-37 P 1 of 1
 T1 P1 *****AUTO**ALL FOR AADC 275
 MANIPRAKASAM KULOTHUNGAN
 1511 POND GLEN WAY
 CARY NC 27519-8715

IF PAYING BY CREDIT CARD, PLEASE FILL OUT BELOW. CHECK CARD USING FOR PAYMENT

VISA MASTERCARD

CARD HOLDER NAME (PLEASE PRINT NAME) ZIP CODE SECURITY CODE

CARD NUMBER AMOUNT

SIGNATURE EXP. DATE

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
12/27/2022	\$177.20	1845

CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT SHOW AMOUNT PAID HERE \$

MAKE CHECKS PAYABLE / REMIT TO:

Spectrum Family Medicine
 519 Keisler Dr, Suite 104
 Cary NC 27518-7098

STATEMENT

DATE	DESCRIPTION OF SERVICE	INSURANCE	PATIENT
	Nancy Nirmala Jayaraj (1845)		
09/09/2022	Office or other outpatient visit for the evaluati	\$219.14	\$0.00
	09/29/2022 Golden Rule adjusted (Contractual Adj)	(\$115.23)	
	09/29/2022 Golden Rule transferred (Apply to Pt Deductible)	(\$103.91)	\$103.91
09/19/2022	Office or other outpatient visit for the evaluati	\$148.53	\$0.00
	10/05/2022 Golden Rule adjusted (Contractual Adj)	(\$78.24)	
	10/05/2022 Golden Rule transferred (Apply to Pt Deductible)	(\$70.29)	\$70.29
09/21/2022	PREV VISIT, EST, AGE 18-39	\$237.03	\$0.00
09/21/2022	Inf Virus vaccine, Flucelvax Quad (CCIIV4) 2022-2023	\$45.00	\$0.00
09/21/2022	IMMUNIZATION ADMIN	\$51.26	\$0.00
09/21/2022	Screening Pap	\$90.43	\$0.00
09/21/2022	Ca screen;pelvic/breast exam	\$55.00	\$0.00
09/21/2022	ROUTINE VENIPUNCTURE	\$6.19	\$0.00
09/21/2022	SPECIMEN HANDLING	\$20.00	\$0.00
	10/05/2022 Golden Rule adjusted (Contractual Adj)	(\$4.69)	
	10/05/2022 Golden Rule transferred (Apply to Pt Deductible)	(\$1.50)	\$1.50
	12/06/2022 Golden Rule adjusted (Write-off Adj)	(\$20.00)	
10/14/2022	ROUTINE VENIPUNCTURE	\$6.19	\$0.00
10/14/2022	SPECIMEN HANDLING	\$20.00	\$0.00
	10/27/2022 Golden Rule adjusted (Contractual Adj)	(\$4.69)	
	10/27/2022 Golden Rule transferred (Apply to Pt Deductible)	(\$1.50)	\$1.50
	10/27/2022 Golden Rule adjusted (Contractual Adj)	(\$20.00)	

Statement Date	Account #	Current	31 - 60	61 - 90	91 - 120	Over 120
12/27/2022	1845	\$0.00	\$1.50	\$175.70	\$0.00	\$0.00

Payments can be made on our website at www.specfamilymed.com/bill-pay.
 If you would like to make a payment over the phone, please call the office at 919.233.8183.

INSURANCE PENDING	\$478.72
ACCOUNT BALANCE	\$177.20

Spectrum Family Medicine

STATEMENT

Spectrum Family Medicine
 519 Keisler Dr, Suite 104
 Cary NC 27518-7098

For Billing Questions, Please Call :
 (919) 650-6363

 ##-0001-##-39-296-296-40 P 1 of 1
 T1 P1 *****AUTO**ALL FOR AADC 275
 MANIPRAKASAM KULOTHUNGAN
 1511 POND GLEN WAY
 CARY NC 27519-8715

IF PAYING BY CREDIT CARD, PLEASE FILL OUT BELOW. CHECK CARD USING FOR PAYMENT

VISA MASTERCARD

CARD HOLDER NAME (PLEASE PRINT NAME) _____ ZIP CODE _____ SECURITY CODE _____

CARD NUMBER _____ AMOUNT _____

SIGNATURE _____ EXP. DATE _____

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
12/27/2022	\$219.90	1842

CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT

SHOW AMOUNT PAID HERE \$

MAKE CHECKS PAYABLE / REMIT TO:

Spectrum Family Medicine
 519 Keisler Dr, Suite 104
 Cary NC 27518-7098

STATEMENT

DATE	DESCRIPTION OF SERVICE	INSURANCE	PATIENT
	Amuthan Maniprakasam (1842)		
09/06/2022	Office or other outpatient visit for the evaluati	\$219.14	\$0.00
09/06/2022	STREP A ASSAY W/OPTIC	\$35.00	\$0.00
09/06/2022	SPECIMEN HANDLING	\$20.00	\$0.00
09/29/2022	Golden Rule adjusted (Contractual Adj)	(\$139.31)	
09/29/2022	Golden Rule transferred (Apply to Pt Deductible)	(\$114.83)	\$114.83
09/29/2022	Golden Rule adjusted (Contractual Adj)	(\$20.00)	
09/20/2022	PREV VISIT, EST, AGE 5-11	\$207.03	\$0.00
09/20/2022	VISUAL ACUITY SCREEN	\$25.00	\$0.00
10/05/2022	Golden Rule adjusted (Contractual Adj)	(\$126.96)	
10/05/2022	Golden Rule transferred (Apply to Pt Deductible)	(\$105.07)	\$105.07

Statement Date	Account #	Current	31 - 60	61 - 90	91 - 120	Over 120
12/27/2022	1842	\$0.00	\$0.00	\$219.90	\$0.00	\$0.00

Payments can be made on our website at www.specfamilymed.com/bill-pay.
 If you would like to make a payment over the phone, please call the office at 919.233.8183.

INSURANCE PENDING	\$0.00
ACCOUNT BALANCE	\$219.90

Spectrum Family Medicine

STATEMENT

Spectrum Family Medicine
 519 Keisler Dr, Suite 104
 Cary NC 27518-7098

For Billing Questions, Please Call :
 (919) 650-6363



##-0001-##-38-295-295-39 P 1 of 1
 T1 P1 *****AUTO**ALL FOR AADC 275
 MANIPRAKASAM KULOTHUNGAN
 1511 POND GLEN WAY
 CARY NC 27519-8715



IF PAYING BY CREDIT CARD, PLEASE FILL OUT BELOW. CHECK CARD USING FOR PAYMENT

VISA MASTERCARD

CARD HOLDER NAME (PLEASE PRINT NAME) ZIP CODE SECURITY CODE

CARD NUMBER AMOUNT

SIGNATURE EXP. DATE

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
12/27/2022	\$119.17	1860

CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT SHOW AMOUNT PAID HERE \$

MAKE CHECKS PAYABLE / REMIT TO:

Spectrum Family Medicine
 519 Keisler Dr, Suite 104
 Cary NC 27518-7098

STATEMENT

DATE	DESCRIPTION OF SERVICE	INSURANCE	PATIENT
	Amizhtha Maniprakasam (1860)		
09/20/2022	PREV VISIT, NEW, AGE 5-11	\$243.90	\$0.00
09/20/2022	VISUAL ACUITY SCREEN	\$25.00	\$0.00
10/05/2022	United Health One adjusted (Contractual Adj)	(\$149.73)	
10/05/2022	United Health One transferred (Apply to Pt Deductible)	(\$119.17)	\$119.17

Statement Date	Account #	Current	31 - 60	61 - 90	91 - 120	Over 120
12/27/2022	1860	\$0.00	\$0.00	\$119.17	\$0.00	\$0.00

Payments can be made on our website at www.specfamilymed.com/bill-pay.
 If you would like to make a payment over the phone, please call the office at 919.233.8183.

INSURANCE PENDING	\$0.00
ACCOUNT BALANCE	\$119.17

Spectrum Family Medicine

STATEMENT