*Please Make Checks Payable To:*

**TRIAD EYE ASSOC OF HIGH POINT**
W. NEIL HUTTO, OD
PO BOX 4370,
ARCHDALE NC 272634370
(336) 886-7500

**Ganesh, Saravana**
**855 Jennifer Ln**
**High Point NC 27265**

# *Statement*

| Date | Total Charges | Insur. Owes | Secondary | Patient Owes |
|---|---|---|---|---|
| 02/28/23 | 474.00 | 0.00 | | 0.00 |

**Please Pay This Amount**

| Account Name | Patient ID | Patient | Description | Slip # | Service Date |
|---|---|---|---|---|---|
| **Ganesh, Saravana** | **194262** | **Saravana** | | **345032** | **07/26/22** |

| Date | Pat. Pay | Adjustmt | Ins Pay | Ins Adj | Sec Pay | Sec Adj |
|---|---|---|---|---|---|---|
| 07/26/22 | | | | | | |
| 07/26/22 | 35.00 | | | | | |
| 07/26/22 | 90.00 | | | | | |
| 07/26/22 | 35.00 | | | | | |
| 08/05/22 | | | | 100.00 | | |
| 08/05/22 | | | | 25.00 | | |
| 08/05/22 | | | | 189.00 | | |
| **Totals** | **160.00** | | | **314.00** | | |

| Services & Procedures | Units | Charge | Tx | Tax |
|---|---|---|---|---|
| Intermediate Exam, New | 1 | 100.00 | | |
| Polycarbonate- Multifocal | 1 | 60.00 | | |
| Varilux Comfort W2+ | 1 | 279.00 | | |
| Optos/clarus Imaging | 1 | 35.00 | | |

Late Fee

**Total Charges** **474.00**

Total Patient Adjustment