

Statement

Send payments to:
<p>First Insight Eyecare-Ogallala</p> <p>120 N Spruce PO Box 217 Ogallala NE 691530217 (308) 284-4194</p>

Amt. Paid		Check #		Date	05/15/2024
For credit card payments, please provide the following:					
Name:	_____				
Card	_____				
Card #:	_____				
Exp Date:	_____	Security	_____		
Signature	_____				

Bill To:
<p>ROTARY CLUB of Ogallala</p> <p>PO BOX 751 Ogallala NE 69153</p>

Patient	Patient #
Kolt Bremer	116347028
Amount Due	\$ 300.00
Due Date	06/14/2024

Detach here and return top portion with payment

Date	Inv #	Patient	Description	Amount
05/07/2024	24796006 3	Kolt Bremer		
			S9986 - 05 Charitable exam NO glasses - Charitable exam Diagnoses: H52.223	\$ 50.00
			TOTAL:	\$ 50.00
			PAYMENTS:	\$ 0.00
Provider	Gengenbach, Eric OD		CREDITS:	\$ 0.00
Tax ID			BALANCE:	\$ 50.00
05/07/2024	24796010 4	Brazlee Bremer		
			S9986 - 05 Charitable exam NO glasses - Charitable exam Diagnoses: H52.03	\$ 50.00
			TOTAL:	\$ 50.00
			PAYMENTS:	\$ 0.00
Provider	Gengenbach, Eric OD		CREDITS:	\$ 0.00
Tax ID			BALANCE:	\$ 50.00
05/07/2024	24796172 2	Maria Guad Luvanos		
			S9986 - 04 Charitable exam with glasses - Charitable exam - glasses Diagnoses: H52.03, H52.4, H52.223	\$ 100.00
			TOTAL:	\$ 100.00
			PAYMENTS:	\$ 0.00
Provider	Gengenbach, Eric OD		CREDITS:	\$ 0.00
Tax ID			BALANCE:	\$ 100.00
05/15/2024	24814088 5	Mateo Rivas		
			CHARITABLE EXAM WITH GLASSES	\$ 100.00
			Billed to Other Payor - Invoice 248138248 : (\$100.00)	\$ 0.00

Date	Inv #	Patient	Description	Amount
			Transfer In - Chgd back to Primary Insurance : \$100.00	\$ 0.00
			TOTAL:	\$ 100.00
			PAYMENTS:	\$ 0.00
Provider	Gengenbach, Eric OD		CREDITS:	\$ 0.00
Tax ID			BALANCE:	\$ 100.00

Current	Over 30 days	Over 60 days	Over 90 days	AMOUNT DUE
\$ 300.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 300.00
				DUE DATE
				06/14/2024