



Subtotal: \$ \_\_\_\_\_  
Insurance Adjustment: (\$ \_\_\_\_\_)  
Patient Copay: (\$ \_\_\_\_\_)  
Balance Due: \$ \_\_\_\_\_

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**Payment Instructions:** Please make checks payable to "Cardiology Specialist Clinic". Payment is due within 30 days of invoice date.

**Notice:** This document contains confidential medical billing information.