

AB Dermatology, LHR
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PAYMENT



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CREDIT CARD NUMBER CVV2/CID
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STATEMENT DATE Balance Amount Amount Enclosed ACCT.#
09-11-2025 \$558.72 \$ AB10002

STATEMENT Page: 1 of 1
PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENTS

DATE		DESCRIPTION		CHARGES		ADJ *	PAYMENT		BALANCE
							INS	PAT	
11-18-2024		Office visit (level 4)		\$377.96		\$74.24	\$0.00 \$60.74		\$242.98
11-18-2024		Incision & Drainage		\$486.06		\$128.88	\$0.00 \$71.44		\$285.74
02-06-2025		Office visit (level 4)		\$249.56		\$79.56	\$150.00 \$0.00		\$20.00
02-06-2025		Copay		\$10.00		\$0.00	\$0.00 \$0.00		\$10.00