

Caledonia Financial Services, LLC  
 Optimal Billing Solutions, LLC  
 PO Box 189005  
 Plantation, Florida 33318-9005

PLEASE LOGON ON TO WWW.DOCBILLPAY.COM TO UPDATE OR ADD  
 INSURANCE INFORMATION AND REVIEW / CONFIRM DEMOGRAPHICS  
 BILLING QUESTIONS PLEASE CALL

877 693-5600

ACCOUNT NUMBER  
 [REDACTED]

STATEMENT DATE  
 07/10/14

BALANCE DUE  
 \$662.00

**Responsible Party:**



STM ▲ 010508  
 [REDACTED]  
 1200 W Leonard St  
 Pensacola FL 32501-1118

**MAKE CHECKS PAYABLE TO:**

NW FLORIDA EMERGENCY PHYS LLC  
 PO BOX 975213  
 DALLAS TX 75397-5213

STR 000040320 0000662005

**DETACH AT PERFORATION - RETURN THIS PORTION WITH PAYMENT**

ACCOUNT NUMBER STR 000040320

WE ACCEPT



AND



AND



OR



Please see back of form for insurance and credit card information.

DATE	OR NO.	PATIENT'S NAME	PS	CPT CODE	DIAG. CODE	SERVICE DESCRIPTION	AMOUNT
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05/01/14	1	[REDACTED]		23 99284		EMERGENCY DEPT VISIT	621.00
05/01/14	1	[REDACTED]		23 99053		MED SERV 10PM-8AM 24 HR	41.00
Primary ESCAMBIA COUNTY JAIL billed on 05/13/14							

STATEMENT DATE	BALANCE DUE
07/10/14	662.00

**DOCTOR LEGEND**

**COMMENTS**

1 SMILEY, JUSTIN T., D.O.  
 2  
 3  
 4

We have sent a claim to your insurance company. The remaining balance is your responsibility. Please remit payment within twenty days. Thank you.

NW FLORIDA EMERGENCY PHYS LLC  
 PO BOX 534611  
 ATLANTA, GA 30353-4611

PRIMARY INSUR: ESCAMBIA COUNTY JAIL  
 SECONDARY INSUR:  
 LOCATION OF SVC: SANTA ROSA MEDICAL CENT

877 693-5600