



P.O. Box 105
Des Moines, IA 50301
RETURN SERVICE REQUESTED

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For more information visit: paciowa.com

Please Pay This Amount		
\$31.14	Statement ID	Statement Date
		01/19/26
	Account Number	123456

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176918 - 20

TEST PATIENT
123 MAIN STREET
WEST DES MOINES, IA 50266

Pathology Associates of Central Iowa
P.O. Box 105
Des Moines, IA 50301

PLEASE DETACH AND RETURN THE PORTION ABOVE WITH YOUR PAYMENT

STATEMENT

Patient Name PATIENT TEST **Statement Date** 01/19/26 **Guarantor Number** 123456

Date	Description	Charges	Payment/ Credit
	INS INF OSCAR HEALTH		
	PATIENT TEST		
	PROVIDER, REFERRING, LOCATION		
12/15/25	Level IV Surgical Pathology	\$268.00	
12/31/25	OSCAR HEALTH filed Paperless		
01/19/26	\$31.14 Coinsurance		
01/19/26	OSCAR #		\$93.40
01/19/26	Contractual allowance		\$143.46
01/19/26	Claim #54321 Balance: \$31.14		

Account Number	Statement Date	Current	Over 30 Days	Over 60 Days	Over 90 Days	Over 120 Days	Balance Due
123456	01/19/26	\$31.14	\$0.00	\$0.00	\$0.00	\$0.00	\$31.14

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