Town of Candia

c/o Medical Business Services, LLC
P.O. Box 8648
Essex, VT 05451
802-871-5390
info@mbsvt.com

INCIDENT NUMBER	DATE OF SERVICE	COMPANY CODE	AMOUNT DUE	BILL DATE
23-172	04/28/2023	TOC	1212.40	08/15/2023

Pay Your Bill Online!

Scan the QR code to the left or go to
www.eservicespaas.com/EMSBillPay/

[redacted]

Candia, NH 03034

Town of Candia
c/o Medical Business Services, LLC
P.O. Box 8648
Essex, VT 05451

☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

INVOICE

RETURN TOP PORTION • RETAIN LOWER PORTION

[redacted]
Guarantor:

Insurer: Harvard Pilgrim Health Care
Patient D.O.B.: [redacted]
Patient Number:
Date of Service: 04/28/2023
From: [redacted]
To: EH

DESCRIPTION OF CHARGES	HCPC	QUANTITY	UNIT PRICE	AMOUNT
ALS Level 1 Emergency	A0427	1.0	1000.00	1000.00
Ground Mileage	A0425	11.8	18.00	212.40

TOTAL CHARGES: 1212.40

DESCRIPTION OF PAYMENT	PAYMENT DATE:	AMOUNT
Primary Insurance Payments - Harvard Pilgrim Health Care	07/07/2023	0.00

TOTAL CREDITS 0.00

PLEASE PAY THIS AMOUNT => $1212.40

Your insurance company has paid the portion that it believes it is responsible for this ambulance bill under your insurance plan. If you wish to pay by credit card, please call us at the number above, otherwise, please remit payment.

/ CS / INPD

PLEASE MAKE CHECK PAYABLE TO:

Town of Candia

PLEASE PAY THIS AMOUNT

$1212.40

Town of Candia

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INCIDENT NUMBER	DATE OF SERVICE	COMPANY CODE	AMOUNT DUE	BILL DATE
22-558	12/23/2022	TOC	295.00	08/15/2023

Pay Your Bill Online!

Scan the QR code to the left or go to
www.eservicespaas.com/EMSBillPay/

[redacted]

Raymond, NH 03077

Town of Candia
c/o Medical Business Services, LLC
P.O. Box 8648
Essex, VT 05451

☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

INVOICE

RETURN TOP PORTION • RETAIN LOWER PORTION

[redacted]
Guarantor:

Insurer: Martins Point Health Care
Patient D.O.B.: [redacted]
Patient Number: [redacted]
Date of Service: 12/23/2022
From: [redacted]
To: CMC

DESCRIPTION OF CHARGES	HCPC	QUANTITY	UNIT PRICE	AMOUNT
ALS Level 1 Emergency	A0427	1.0	1000.00	1000.00
Ground Mileage	A0425	23.8	18.00	428.40

TOTAL CHARGES: 1428.82

DESCRIPTION OF PAYMENT	PAYMENT DATE:	AMOUNT
Other Gov't Program Adjustment	03/23/2023	7.64
Other Gov't Program Adjustment	03/23/2023	751.49
Primary Insurance Payments - Martins Point Health Care	03/23/2023	374.69

TOTAL CREDITS 1133.82

PLEASE PAY THIS AMOUNT => $295.00

/ CS / DCS

PLEASE MAKE CHECK PAYABLE TO:

Town of Candia

PLEASE PAY THIS AMOUNT

$295.00