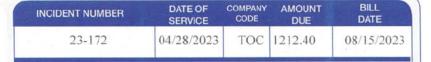


Town of Candia

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





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Candia, NH 03034

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

Harvard Pilgrim Health Care Insurer: Patient D.O.B.: Guarantor: Patient Number: Date of Service: 04/28/2023 From: To: EH DESCRIPTION OF CHARGES **HCPC** QUANTITY **UNIT PRICE AMOUNT** A0427 ALS Level 1 Emergency 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



Town of Candia

PLEASE PAY THIS AMOUNT

\$1212.40



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Raymond, NH 03077

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INVOICE

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Guarantor:		Patient D.O.B.: Patient Number: Date of Service:		int Health Care
		From: To:		CMC
DESCRIPTION OF CHARGES ALS Level 1 Emergency	HCPC A0427	QUANTITY 1.0	UNIT PRICE 1000.00	AMOUNT 1000.00
Ground Mileage	A0425	23.8	18.00	428.40
DESCRIPTION OF PAYMENT Other Gov't Program Adjustment Other Gov't Program Adjustment Primary Insurance Payments - Martins Point Health Care		_	OTAL CHARGES: 03/23/2023 03/23/2023 03/23/2023	1428.82 AMOUNT 7.64 751.49 374.69
		<u>T</u>	OTAL CREDITS	1133.82
		PLEASE PAY	THIS AMOUNT =>	\$295.00

CS / DCS



Town of Candia

PLEASE PAY THIS AMOUNT

\$295.00