



PO BOX 775753
CHICAGO IL 60677-5753

PLEASE PAY: \$251.41

ACCOUNT #: CDI12345

PAYMENT DUE BY: 09/16/2021

AMOUNT ENCLOSED: \$ _____



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Pay Online: pay.imaginepay.com/provider/CDI



Pay with a picture in seconds!
Search **Papaya Payments** in the App Store



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JOHN DOE
123 Any St
AnyWhere XX 12345-1234

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COLUMBUS DIAGNOSTIC IMAGING
PO BOX 775753
CHICAGO IL 60677-5753

000000011111111111111100CDI 1234500000251415

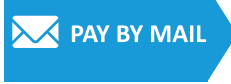
Please detach and return the top portion with your payment.

ACCOUNT SUMMARY

Statement Date: 08/17/2021
Account: CDI12345
Patient: JANE DOE
Please Pay: \$251.41



Visit <https://pay.imaginepay.com/provider/CDI>
Account: 12345
Patient Date of Birth: MM/DD/YYYY



Please submit a check or money order payable to
COLUMBUS DIAGNOSTIC IMAGING with the payment
coupon above. Write your account number on your check.

DATE	CPT – SERVICE DESCRIPTION	CHARGES	PAYMENTS	ADJUSTMENTS	PATIENT BALANCE
07/29/21	70480 - CT ORBIT/EAR/FOSSA W/O CONTRAST Location of Service: COLUMBUS DIAGNOSTIC IMAGING	\$922.00			
08/17/21	ANTHEM BCBS INDIANA BALANCE HAS BEEN APPLIED TO YOUR DEDUCTIBLE.			\$670.59	
Patient Responsibility:					\$251.41
Total Due:					\$251.41

Thank you for choosing COLUMBUS DIAGNOSTIC IMAGING. Your physician has referred your radiology images and consultation services to us. If you have not updated your insurance or your insurance is not listed on this statement, please update your information using the back of this statement or on our website:

<https://pay.imaginepay.com/provider/CDI>

If you have concerns about paying your balance, please contact us to discuss available discounts and payment options at 855-537-3444 Office Hours: 8:30am - 5:00pm Monday - Friday.



PO BOX 775753
CHICAGO IL 60677-5753

PLEASE PAY: \$77.81
ACCOUNT #: CDI12345
PAYMENT DUE BY: 09/17/2021
AMOUNT ENCLOSED: \$



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COLUMBUS DIAGNOSTIC IMAGING
PO BOX 775753
CHICAGO IL 60677-5753

000000011111111111111100CDI 1234500000251415

Please detach and return the top portion with your payment.

ACCOUNT SUMMARY

Statement Date: 08/18/2021
Account: CDI12345
Patient: JANE DOE
Please Pay: \$77.81



Visit <https://pay.imaginepay.com/provider/CDI>
Account: 12345
Patient Date of Birth: MM/DD/YYYY

Please submit a check or money order payable to COLUMBUS DIAGNOSTIC IMAGING with the payment coupon above. Write your account number on your check.

DATE	CPT – SERVICE DESCRIPTION	CHARGES	PAYMENTS	ADJUSTMENTS	PATIENT BALANCE
06/21/21	74183 - MRI ABDOMEN W/ & W/O CONTRAST Location of Service: COLUMBUS DIAGNOSTIC IMAGING	\$2,428.00			
07/19/21	MEDICARE BALANCE HAS BEEN APPLIED TO YOUR COINSURANCE.		\$285.31	\$2,071.36	
Patient Responsibility:					\$71.33
06/21/21	A9575 - DOTAREM Location of Service: COLUMBUS DIAGNOSTIC IMAGING	\$250.00			
07/19/21	MEDICARE BALANCE HAS BEEN APPLIED TO YOUR COINSURANCE.		\$25.92	\$217.60	
Patient Responsibility:					\$6.48
Total Due:					\$77.81

Thank you for choosing COLUMBUS DIAGNOSTIC IMAGING. Your balance is past due. If payment is not received within 30 days, your balance may be turned over to collections. If your insurance is not up to date, please update your information online at

<https://pay.imaginepay.com/provider/CDI>

If you have concerns about paying your balance, please contact us to discuss available discounts and payment options at 855-537-3444 Office Hours: 8:30am - 5:00pm Monday - Friday.



PO BOX 775753
CHICAGO IL 60677-5753

PLEASE PAY: \$111.00
ACCOUNT #: CDI12345
PAYMENT DUE BY: 09/13/2021
AMOUNT ENCLOSED: \$



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Pay Online: pay.imaginepay.com/provider/CDI



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JOHN DOE
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AnyWhere XX 12345-1234

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COLUMBUS DIAGNOSTIC IMAGING
PO BOX 775753
CHICAGO IL 60677-5753

000000011111111111111100CDI 1234500000251415

Please detach and return the top portion with your payment.

ACCOUNT SUMMARY

Statement Date: 08/14/2021
Account: CDI12345
Patient: JANE DOE
Please Pay: \$111.00



Visit <https://pay.imaginepay.com/provider/CDI>
Account: 12345
Patient Date of Birth: MM/DD/YYYY



Please submit a check or money order payable to COLUMBUS DIAGNOSTIC IMAGING with the payment coupon above. Write your account number on your check.

DATE	CPT – SERVICE DESCRIPTION	CHARGES	PAYMENTS	ADJUSTMENTS	PATIENT BALANCE
07/13/21	72081 - XRAY SPINE ENTIRE 1 VIEW Location of Service: COLUMBUS DIAGNOSTIC IMAGING	\$111.00			
Patient Responsibility:					\$111.00
Total Due:					\$111.00

This is our final effort to collect on your past due balance. If payment is not received within 30 days, your balance will be turned over to collections. Please remit payment or contact us for assistance in settling your past due balance at 855-537-3444 Office Hours: 8:30am - 5:00pm Monday - Friday.