



50%

Date: 12/01/2014

Name of Patient: Meredith Riccoboni
Address of Patient: 1 Amby Ave Plainview NY 11803
Account # 81767

Dear Meredith

The balance of this debt is \$357.50 and we will adjust the balance once payment is received. This is a one-time adjustment for dates of services 12/12/2012 that was rendered by [redacted]

Also, please be advised that payments can be made over the telephone using your debit/credit card at no charge. We accept Visa, MasterCard, American Express, and Discover.

Please sign and return the enclosed agreement along with your payment to: ProHEALTH Care Associates, attn: 2800 Marcus Avenue Lake Success, NY 11042

Sincerely,


ProHEALTH Care Associates