

CHILDREN'S SURGICAL SPEC GRP 601 CHILDREN'S LN

Children's Surgical Specialty Group, Inc.

	Check here t	or update	s to addr	ess,	insurance	information	0
ш	Check here if if making pay	ment by	credit car	d (se	e reverse	for details)	

REMITTANCE SECTION

Account Number: Invoice Number: Service Area ID: Statement Date: Due Date: Amount Due:

Amount Enclosed:

\$

Remit payments to the name and address below only. Please do not send payments to any other entities.

CHILDREN'S SURGICAL SPEC GRP PO BOX 538480 ATLANTA, GA 30353-8480

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Please detach and return above portion with your payment



CHILDREN'S SURGICAL SPEC GRP 601 CHILDREN'S LN

(757)668-8544

Account Number: Invoice Number: Service Area ID: Statement Date: Due Date: Amount Due:

IMPORTANT MESSAGES

- PLEASE MAKE PROMPT PAYMENT ON YOUR BALANCE. GO TO CHKD.ORG/PAYBILL TO PAY ON-LINE!
- QUESTIONS ABOUT YOUR BILL PLEASE EMAIL US AT CSSGBILLING@CHKD.ORG OR CALL US AT 757-668-8544.

PRODUCT CODE DESCRIPTION CHARGES CREDITS BALANCE BALANCE

Amount Due:

	Current	30 Days	60 Days	90 Days	120 Days and Over	insurance Total	Patient Total
Patient Balance							
Insurance Balance							