

Orthollinois  
 Box 78620  
 Milwaukee WI 532788620

# Billing Statement

Patient Name:  
 Lenny 123test

Personal Statement Code: Account Number:  
 1762102951

Hi Lenny,

Thank you for using Orthollinois

**Notice:**

This is a statement for professional services rendered by your physician. You may receive a separate bill from the hospital for its services.

Statement Date <b>02/20/2025</b>	Total Amount Due <b>\$122.00</b>
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**Pay On-Line**  
 Pay On Line at <https://healowpay.com> using your personal statement code - [REDACTED]

**Questions?**  
 815-398-9491

## Details

Date	Description of Services	Charges	Payments/Adjustments	Balance Due
02/20/25	Claim:5373314, Provider: Zeeshan Ahmad, MD K0733 12-24HR SEALED LEAD ACID	\$122.00		
	<b>Your Balance Due On These Services ...</b>			<b>\$122.00</b>
<b>Total Current Charges</b>				<b>\$122.00</b>

Current	30 Days	60 Days	90 Days	120 Days	Total Amount Due
<b>\$122.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$122.00</b>

Detach and enclose the remit below with your payment. Please write your account number on your check. Do not send cash.

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Return Service Requested  
 000001

Statement Date <b>02/20/2025</b>	Total Amount Due <b>\$122.00</b>
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DEL : 1  
 LENNY 123TEST  
 5875 E RIVERSIDE BLVD  
 ROCKFORD IL 61114-4937

Total Amount Paid	\$ _____
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Please make checks payable to **Orthollinois**

Remit Payments To:



**ORTHOILLINOIS**  
**BOX 78620**  
**MILWAUKEE WI 532788620**

**We make it easy for you to pay.**

Simply Scan the QR Code with your mobile device to pay on line at <https://healowpay.com> using your personal statement code - [REDACTED]

Powered by healow



Patient Name:  
Lenny 123test

Personal Statement Code:    Account Number:  
1762102951

Make a secure and easy payment online at <https://healowpay.com> or simply scan the **QR Code**.  
**Your personal statement code -**



## View Your Health Record

Anytime. Anywhere. On any device.



healow App is available for free  
Ask your provider for more information