Integrated Foot and Ankle Specialists of PA- Statements
2803 Philadelphia Pike STE B PMB 7161
Claymont, DE 19703-2506

Any questions regarding your bill?
Call (855) 651-7078

To pay your bill by credit card call:
(855) 651-7078

Statement Date	Pay This Amount	Account No.
02/12/2025	**$174.36**	
Charges and credits made after statement date will appear on next statement		Amount Paid

Pay By Check / Remit To
PA Lockbox- Integrated Foot and Ankle Specialists of PA, LLC
PO Box 826026
Philadelphia, PA 19182-6026

☐ *Please check box if above address is incorrect or if insurance information has changed. Indicate changes on reverse side.*

Service, procedure, or equipment received

Date of service

Provider you were seen by

STATEMENT

Patient:

Invoice #:

Date	Provider	Description	Charge	Payment	Adjustment	Insurance Pending	Patient Balance
02/17/2025	Neary, Michael South Philly Foot & Ankle	**11721 - DEBRIDE NAIL 6 OR MORE**	**$91.28**				
02/28/2025		*Blue Cross Blue Shield Federal Pennsylvania - Primary*		*$0.00*	*-$48.60*		
		Deductible - 42.68					**$42.68**
08/24/2024	Green, Howard South Philly Foot & Ankle	**11721 - DEBRIDE NAIL 6 OR MORE**	**$93.22**				
10/14/2024		*Blue Cross Blue Shield Federal Pennsylvania - Primary*		*-$36.28*	*-$50.54*		

Continue on the next page

Service charge amount

Payer or insurance info

Date insurance processed the claim

Charge processing details

Insurance payment

Insurance adjustment

Patient Balance

This section outlines the age of charges based on the date of service. Warnings will be sent in advance to allow time for payment.

0-30 Days	31-60 Days	61-90 Days	91-120 Days	120+ Days
$0.00	**$42.68**	**$0.00**	**$0.00**	**$144.78**

You are receiving this statement for a past due account. Please contact the billing office immediately to avoid your account being sent to a collection agency.

Office Announcement:
To pay your bill online, visit: https://integratedfootandankle.com select your location and click on Pay My Bill.