Active Spine & Sports Care
2370 Las Posas Rd, Suite B
Camarillo, CA 93010
Phone: (805) 384-0101 Fax: 805-384-0220

Patient Statement

Statement Date: Friday, March 1, 2024 For Activity: 01/01/2024 thru 02/29/2024

BERT MAHONEY Cell: (805) 798-3430
5025 THACHOR ROAD
OJAI, CA 93023

Patient Balance: $0.00

BERT MAHONEY **7036-Cash**

Date	Type	Code	Description	Charge	Ins Amount	Patient Amount	Payment	Adjust	Tax	Balance
12/31/2023	MPBF		Balance Forward							$0.00
01/08/2024	CPT	00004	CHIROPRACTIC EXAM	$130.00		$130.00				$130.00
01/08/2024	PCC		Payment-Credit Card				$130.00			$0.00
01/11/2024	CPT	00003	CHIROPRACTIC TREATMENT	$75.00		$75.00				$75.00
01/11/2024	PCC		Payment-Credit Card				$75.00			$0.00
								Balance:		**$0.00**

Please cut along the line and enclose this portion with your payment.

BERT MAHONEY
5025 THACHOR ROAD
OJAI, CA 93023

Account: **7036-Cash**
Patient Balance: $0.00
Please pay this Amount: $0.00
Payment Amount: _____

CC #: _____ - _____ - _____ - _____ Exp: _____ CCV: _____ Name: _____

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