

# ★ macy's STAR REWARDS

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JOHN F HIGGINBOTHAM  
201 PRIVATE ROAD 8913  
CANTON TX 75103-8446



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This card replaces your existing card. Please destroy your existing card as it is no longer valid.

Your Silver status is so sweet:



See [macy.com/app](http://macy.com/app) for details.

## You get the best benefits

when you use your Macy's American Express Card inside & outside of Macy's.

**2%**  
back in  
rewards

on Macy's purchases  
except Gift Cards, services & fees

**3%**  
back in  
rewards

at restaurants

**2%**  
back in  
rewards

at gas stations  
& supermarkets

**1%**  
back in  
rewards

everywhere else

**1,000 points = \$10 Star Money reward**

that you can use on anything at Macy's except Gift Cards, services & fees.

See [macy.com/amex](http://macy.com/amex) to learn more about your Macy's American Express Card benefits. See 3.2.1 & Star Money Rewards on back for details.



*Summary of Service Charges*

DATE	PROC CODE	UNITS	DETAILS OF SERVICES	CHARGES	PAY/ ADJ	INSUR. PENDING	PATIENT BALANCE
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Patient: JOHN HIGGINBOTHAM

Referred By: NIMA PAKZAD  
Services Were Provided at: CTMF HOSPITAL REGIONAL HEALTH IP

11-20-20	73502	1	X-RAY EXAM HIP UNI 2-3 VIEWS	44.00	0.00	0.00	44.00
01-15-21			GUARANTOR RESPONSIBILITY DATE (CHARGEID: 41256263)				

Patient: JOHN HIGGINBOTHAM

Referred By: SHAUN M. YORK  
Services Were Provided at: CTMF HOSPITAL REGIONAL HEALTH ER

11-04-20	70450	1	CT HEAD/BRAIN W/O DYE	168.00	0.00	0.00	168.00
01-15-21			GUARANTOR RESPONSIBILITY DATE (CHARGEID: 40857154)				

Current	31-60 Days	61-90 Days	Over 90 Days
\$212.00	\$0.00	\$0.00	\$0.00

<b>DATE DUE:</b> Upon Receipt	<b>BALANCE DUE:</b> \$212.00
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RADIOLOGY ASSOCIATES OF NORTH TEXAS  
PO BOX 1723  
INDIANAPOLIS, IN 46206-1723  
1.877.718.5728

**If your insurance has issued payment directly to you, please send us this payment immediately to stop the collection efforts.**

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

Patient Statement For: JOHN F HIGGINBOTHAM

Statement Date  
02/14/21

Account Number  
9906201-QRATC-RA

**STATEMENT**  
**SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION**



AscensionPoint Recovery Services, LLC  
200 Coon Rapids Blvd, Suite 200  
Coon Rapids, MN 55433-5876  
(888) 806-9073 Phone - (763) 235-4055 Fax  
(800) 735-2922 TTY  
Hours: Monday-Friday 7:00AM to 5:00PM CST

February 9, 2021

Reference No.: 4711041

Dear Estate of JOHN HIGGINBOTHAM,

Please accept our deepest condolences during this time of loss.

Our client was informed of the passing of JOHN HIGGINBOTHAM and has recently placed an account in our office for resolution with the Estate of JOHN HIGGINBOTHAM.

If you are the authorized person responsible for handling the financial matters of the Estate of JOHN HIGGINBOTHAM or know who is, please contact our office at (888) 806-9073.

While we would like to provide more information in this letter, please understand that we are required by law to protect the privacy of JOHN HIGGINBOTHAM and can only discuss the specifics of this matter with a verified estate representative. The authorized representative for the estate may obtain additional details at [www.ascensionpoint.com/portal](http://www.ascensionpoint.com/portal).

We look forward to hearing from you and thank you in advance for attending to this matter.

Very Truly Yours,

AscensionPoint Recovery Services, LLC

**IMPORTANT INFORMATION**

This letter is only to confirm or correct location information concerning the authorized representative of the Estate.

200 Coon Rapids Blvd, Suite 200  
Coon Rapids, MN 55433-5876



ESTATE OF JOHN HIGGINBOTHAM  
1370 S BUFFALO ST  
CANTON, TX 75103-2702



RADIOLOGY ASSOCIATES OF NORTH TEXAS  
PO BOX 1723  
INDIANAPOLIS, IN 46206-1723

JOHN F HIGGINBOTHAM  
201 PRIVATE ROAD 8913  
CANTON TX 75103-8446



# EZ Ways To Pay...

@ **Online**  
www.radntx.com

📞 **Automated Attendant**  
1.877.718.5728 (24 hours a day)

For Payments Please Call: 1.888.965.1678 For Billing Questions Please Call: 1.877.718.5728

Account Number	Amount Due	Statement Date	Date Due
9906201-QRATC-RA	\$212.00	02/14/21	Upon Receipt

## STATEMENT

### Account Summary

Account Number	9906201-QRATC-RA
Patient Payments in Last 30 Days	0.00
Current Statement Balance	212.00
Charges Pending w/ Insurance	0.00
Total Account Balance	212.00

[See Detail on Back](#)

### Insurance Information

PLEASE CONFIRM THAT INFORMATION IS CORRECT TO UPDATE GO TO [www.radntx.com](http://www.radntx.com)

#### PRIMARY

Insurance \_\_\_\_\_  
Group/Plan \_\_\_\_\_  
ID Number \_\_\_\_\_

#### SECONDARY

Insurance \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Group/Plan \_\_\_\_\_  
ID Number \_\_\_\_\_

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[www.radntx.com](http://www.radntx.com)

### Pay Online | Update Info | Live Agent Chat

Gain the power to pay your bill or update your information at your convenience 24 hours a day. Chat with a representative using our Live Agent Chat feature during normal business hours. This not only benefits the environment, it benefits you and your time!

### About Your Statement

Have a billing question or concern about your statement?

E-MAIL us at [ratcbilling@mydocbill.com](mailto:ratcbilling@mydocbill.com).

See Statement Details on Back

105827-1407

BASE\_ZOT\_100

RADIOLOGY ASSOCIATES OF NORTH TEXAS  
PO BOX 1723  
INDIANAPOLIS, IN 46206-1723



Patient Name: JOHN HIGGINBOTHAM  
Invoice Number: 8217902  
Billing Questions: 1.877.718.5728

STATEMENT DATE	AMOUNT DUE	ACCOUNT NO.
02/14/21	\$212.00	9906201-QRATC-RA

CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT.

SHOW AMOUNT PAID HERE \$

#### MAKE CHECKS PAYABLE / REMIT TO:

RADIOLOGY ASSOCIATES OF NORTH TEXAS  
PO BOX 1723  
INDIANAPOLIS, IN 46206-1723



105827 - 1407



JOHN F HIGGINBOTHAM  
201 PRIVATE ROAD 8913  
CANTON TX 75103-8446

0821790200021200000009906201RATC0

Pay Online: [www.radntx.com](http://www.radntx.com)