

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1616246

Vendor Name: Radiology Subspecialists of No

Invoice Number: 189141-11/19

Invoice Date: 11/15/19

PO Number:

Check Number: 0272540

Check Amount: \$ 117.00

Check Date: 09/15/2020

Department ID: 00761

Reviewer Name:

Voucher Number: V0643221

Redaction Type: None

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

MAKE CHECKS PAYABLE TO:

RADIOLOGY SUBSPECIALIST OF NORTHERN ILLINOIS  
PO BOX 74008693  
CHICAGO, IL 60674-8693



005158  
0101

RETURN SERVICE REQUESTED

16466-4ERL

☐ Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW

CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA
<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER		SIGNATURE
EXPIRATION DATE		EXPIRATION DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
11/15/2019	\$117.00	189141

PAGE: 1 of 1

SHOW AMOUNT  
PAID HERE \$



IRINA BEDNOVA  
1182 LEICESTER CT  
WHEATON, IL 60189-7709



RADIOLOGY SUBSPECIALIST OF NORTHERN ILLINOIS  
PO BOX 74008693  
CHICAGO, IL 60674-8693

16466-4ERL\*TMR0E1O15000406

**AP VERIFIED**  
**09/02/20 - ISABEL BARRIOS**

Date	Patient Name	Description	Charges	Adjustments	Payments	Balance	Ins. Pen.
10/30/19		Radiologic examination, chest; 2 views Please send copy of insurance card.	69.00			69.00	
10/30/19		Radiologic examination, abdomen; 1 view Please send copy of insurance card.	48.00			48.00	
Approval Signature:			GL Acct# 01 80 00761 5309001				

If you feel you have received this balance in error, please contact your insurance carrier immediately as the balance is now your responsibility.

Payment of account is due within 10 days of receipt of this statement.

Message	Total Balance	117.00
Statement for professional radiology services rendered at a facility associated with Northwestern Medicine.	* Insurance Pending	0.00
	Amount Due Now	\$117.00

Imaging services, for example X-Rays, CAT scans and MRIs, have both a professional (doctor) component and a technical (technician) component. This invoice is for the professional component of the imaging services you received at the hospital or clinic. You will receive a separate bill from the facility for the technical component.

Statement Date	Account Number	Current	30 Days	60 Days	90 Days	120 Days	Total Balance	* Ins. Pending
11/15/19	189141	117.00	0.00	0.00	0.00	0.00	117.00	0.00

Make Checks Payable To:

RADIOLOGY SUBSPECIALIST OF NORTHERN ILLINOIS  
PO BOX 74008693  
CHICAGO, IL 60674-8693

A BANK FEE WILL BE CHARGED FOR ALL RETURNED CHECKS.

16466-4ERL\*TMR0E1O15000406

Billing Questions

(630) 321-2701  
Out of Network Questions (630) 321-2711  
Monday through Friday  
9:00 AM to 4:30 PM



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From: dageny@cod.edu  
Sent: Wed Aug 19 12:03:15 CDT 2020  
To: invoicing@cod.edu  
CC: giesche@cod.edu  
Subject: Invoice Radiology Subspecialist of Northern Illinois  
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Hello Please see attached email. If you have any questions, please let me know. Thank you and have a fantastic day! YDD Yvette D Dagen, Assistant to Phil Gieschen | College of DuPage | Environmental Health & Safety ☐630.942.2996 | ☐ 630.942.3208 | BIC 1A04E | dageny@cod.edu Links: Ergonomics | Space Heater | First Aid Kits | Biohazards | Insurance | Committees | Maps | Newsletter | Forms | Safety | Training ☐ Please consider the environment before printing this email message. This email is only intended for the original addressee and may contain information or files that should be considered privileged or otherwise confidential. If you have received this email in error, please delete it and/or notify the sender. -----Original Message-----  
From: Gieschen, Philip Sent: Wednesday, August 19, 2020 10:49 AM To: Dagen, Yvette Subject: FW: Scanned from a Xerox Multifunction Printer See signed invoice attached. Phil Gieschen Coordinator of Risk Management College of DuPage 425 Fawell Blvd. Glen Ellyn, IL 60137 630/942-2993 giesche@cod.edu  
CONFIDENTIALITY NOTICE: This electronic mail transmission and any documents accompanying this electronic mail transmission are intended by College of DuPage for the use of the named addressee to which it is directed and may contain information that is privileged, or otherwise confidential. It is not intended for transmission to, or receipt by, anyone other than the named addressee or a person authorized to deliver it to the named addressee. It should not be copied or forwarded to any unauthorized persons. If you have received this electronic mail transmission in error, please delete it immediately. -----Original Message----- From: giesche@cod.edu Sent: Wednesday, August 19, 2020 10:45 AM To: Gieschen, Philip Subject: Scanned from a Xerox Multifunction Printer Please open the attached document. It was scanned and sent to you using a Xerox Multifunction Printer. Attachment File Type: pdf, Multi-Page Multifunction Printer Location: CMC 1031 Device Name: Printer-083

[attachment: Scanned from a Xerox Multifunction Printer.pdf]