COG-100

Medical Center Anesthesiologists, P.C.
& PAIN SPECIALISTS of Iowa

1225 JORDAN CREEK PKWY STE 180| WEST DES MOINES, IA 50266

Billing Statement

OFFICE HOURS 7:00 a.m. – 4:30 p.m. Mon-Thur
and 7:00 a.m. - 11:00 a.m. on Fridays
For questions, please call-(515) 283-0463

For billing questions, please read the following options to avoid delays in getting assistance.

If you were seen at PSI or one of our other pain clinics, press 19 for Tracy. For all other anesthesia services and if the patient's last name begins with A-K press 13 for Christi; and for L-Z press 20 to reach Kelli

Mon-Thu 7:00 am – 4:30 pm and Friday 7:00 am – 11:00 am

Pay Online: www.mcadrs.com

Account Number	Due Date	Amount Due	Amount Paid
MCA123456	Upon Receipt	$167.79	$

Addressee

JANE DOE
1234 SE MARION ST
ANYWHERE, IA 50123

Please make checks payable and remit to:

MEDICAL CENTER ANESTHESIOLOGISTS
PO BOX 241925
OMAHA NE 68124-5925

☐ Check if address/insurance changes are on back

Please detach and return top portion with payment.

Account Number	Account Name	Statement Date	Due Date
MCA123456	JANE B DOE	06/09/2026	Upon Receipt

Date	Service Description	REF #	Charges	Payments/ Adjustments	Insurance Balance	Patient Balance
	Patient Name: DOE, JANE B *Provider: SMITH, MICHAEL*					
04/30/2026	ANESTHESA SERVICES NOS	00199	$1,650.00			
06/08/2026	Payment #9876543 from ABC INSURANCE			-$671.16		
06/08/2026	Contractual Write-Off			-$811.05		
06/08/2026	Coinsurance (167.79)					
	Patient Balance					**$167.79**

Messages

PLEASE PAY BALANCE IN FULL UPON RECEIPT.

Statement Summary

Total Balance $167.79

AMOUNT DUE: $167.79