



The Cardiac & Vascular Institute  
4645 NW 8th Avenue  
Gainesville, FL 32605

To Pay by Credit Card, Visit  
[www.patientnotebook.com/TCAVI298869](http://www.patientnotebook.com/TCAVI298869), or Scan the Code.  
Enter your Account No. 255421 and Statement ID 1684721757



Billing Phone: (352) 264-2509  
Billing Fax: (352) 264-2517

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
03/04/2026	560.80	255421

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

SHOW AMOUNT PAID HERE \$

Stmt ID#: 1684721757

MAKE CHECKS PAYABLE / REMIT TO:



195948 - 0



TODD MILLER  
5940 NW 17TH CT  
BELL FL 32619-4455

The Cardiac & Vascular Institute  
PO BOX 371863  
PITTSBURGH PA 15250-7863



0001684721757000029886900000560800002

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

**STATEMENT**

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT IN ENCLOSED ENVELOPE

Date	Description	Charge	Adjustments	Payments	Balance
04/25/25	PET/CT multiple studies (rest and stress)	5,342.00	3,452.86	1,738.34	150.80
			Deductible Applied		
04/25/25	AQMBF (absolute quantitation of myocardial blood f	1,737.29	1,592.04	0.00	145.25
			Deductible Applied		
05/07/25	Pharmacologic agent administration during cardiac	203.00	51.87	55.92	95.21
			Deductible Applied		
05/07/25	Ultrasound guidance for Vascular access Global	63.00	49.52	0.00	13.48
			Deductible Applied		
05/07/25	Moderate sedation same provider initial 15 minutes	102.00	85.94	0.00	16.06
			Deductible Applied		
05/09/25	Echocardiogram Complete Global	414.00	215.64	128.36	70.00
06/19/25	Duplex Scan, Veins, Bilat Extremity Global	389.00	187.78	131.22	70.00
06/17/25	Duplex Scan, Veins, Bilat Extremity Global	389.00	0.00	0.00	389.00

Balance is overdue. Call us or you may be referred to a collection agency.

When paying your bill online, please use your account number, **255421**.

**PLEASE SEE REVERSE FOR AN IMPORTANT MESSAGE REGARDING YOUR STATEMENT!**

Account No.
255421



STATEMENT  
SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION

195948-0-27946126

**IF WE DO NOT HAVE YOUR INFORMATION, OR IF ANY OF THE FOLLOWING HAS CHANGED SINCE YOUR  
LAST STATEMENT, PLEASE INDICATE...**

**PATIENT INFORMATION**

Your Name (Last, First, Middle Initial)		Date of Birth
Address		
City	State	Zip
Telephone ( )		
Social Security #		
Employer's Name		Telephone ( )
Employer's Address		
City	State	Zip
Please Indicate if Applicable:		Date of Injury
<input type="checkbox"/> AUTO ACCIDENT		
<input type="checkbox"/> WORKER'S COMPENSATION		

**INSURANCE INFORMATION**

Your <b>PRIMARY</b> Insurance Company's Name		
Primary Insurance Company's Address		
City	State	Zip
Policyholder Name	Date of Birth	Sex
Policyholder's ID Number	Group Plan Number	
Your <b>SECONDARY</b> Insurance Company's Name		
Secondary Insurance Company's Address		
City	State	Zip
Policyholder Name	Date of Birth	Sex
Policyholder's ID Number	Group Plan Number	

**"DETACH HERE AND RETURN ABOVE STUB"**

**Dear TODD MILLER,**

**You may be receiving your first billing statement from The Cardiac and Vascular Institute. We want to make you aware that we recently experienced an issue with our clearinghouse that delayed our statement schedule.**

**As a result, this may be the first statement you are receiving for services previously rendered. If you have any questions regarding your balance or need assistance, please feel free to contact our billing office at (352) 264-2509.**

**We appreciate your understanding and thank you for trusting us with your care.**

**Sincerely,  
The Cardiac and Vascular Institute**