

**Billing Questions**  
(904) 240-4555

**Monday - Friday;**  
**8:30 - 4:30 EST**

☒ **Insurance on File**  
CIGNA

**Important Messages**  
Any insurance provided has been applied, please reference your EOB. The balance shown is your responsibility. A service charge may apply if payments are late.



Date Mailed: Jan 08, 2026

**Account Number:**  
11989  
**Patient Name:**  
SOPHIA JONGSMA

**Pay Now**  
**\$442.00**

Pay online at: <https://pediatrichomeservicefl.hmebillpay.com/>

## Current Due

INVOICE #	DATE	DESCRIPTION	PT. RESP.	PAYMENT	AMOUNT DUE
447432	12/11/2025	Cath Sx AirLife Strt w/Ctrl Port 10fr	\$442.00	\$0.00	\$442.00
Current due by 01/28/2026 →					Total: \$442.00

**Your bill has a new look! Starting 3/1  
you will receive one statement per month**

140422-ST-2-67847-6024

PLEASE DETACH HERE AND RETURN BOTTOM PORTION

### Payments not accepted at this address

**All About Pediatrics**  
PO Box 1259 Dept # 140418  
Oaks, PA 19456



Cards  
Accepted



**Pay Now**

**\$442.00**

Card Number	Amount Enclosed	
Expiration Date	Security Code	Billing Zip Code
Name On Card (print)	Signature	

Account #: 11989 Invoice(s): 447432

### Mail Payment to:

All About Pediatrics  
532 Sample Street  
Jacksonville FL 32204-2765



**SOPHIA JONGSMA**  
851 BRIGHTWATERS BLVD NE  
SAINT PETERSBURG FL 33704-3719

