

 **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

Payments not accepted at this address

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



PLEASE DETACH HERE AND RETURN BOTTOM PORTION

Pay Now **\$442.00**

Cards Accepted	Card Number	Amount Enclosed
	Expiration Date	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

