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

VISA MASTERCARD DISCOVER AMER EXP.

CARD NUMBER

SIGNATURE

STATEMENT DATE ACCT.#

PAY THIS AMOUNT

ANY QUESTIONS PLEASE CALL:

PATIENT:

SHOW AMOUNT **$**

PAID HERE

PLEASE DETACH AND RETRUN TOP PORTION WITH YOUR PAYMENT

PLEASE CHECK THE BOX IF YOUR ADDRESS IS INCORRENT OR INSURANCE INFO HAS CHANGED

**STATEMENT**

| PATIENT NAME | |  | PATIENT ACCT NUMBER | |  | | | BALANCE DUE |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DATE | CODE | DESCRIPTION OF SERVICE | CHARGE | ADJUSTMENT | INS PYMT | | PAT RESP | PAT PYMT | BALANCE |
|  |  |  |  |  |  |  | |  |  |
|  | |  |  | |  | | |  |  |
|  | | **CURRENT** | **30 DAYS** | | **60 DAYS** | | **90 DAYS** | **120 DAYS** | **TOTAL BALANCE** |
| **INSURANCE** | |  |  | |  | |  |  |  |
| PATIENT | |  |  | |  | |  |  |  |

PLEASE PAY $

IF YOU HAVE ANY CONCERNS REGARDING THIS STATEMENT, PLEASE CONTACT OUR BILLING DEPARTMENT AT (323) 417-0335. SORRY, WE DO NOT ACCEPT CREIT CARDS.