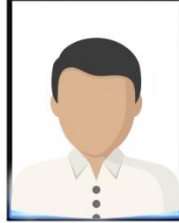




भारत सरकार
GOVERNMENT OF INDIA



చందు ప్రదీప్

Name XXXX
DOB: XX-XX-XXXX
Gender: MALE



0000 1111 2222

आधार - आम आदमी का अधिकार

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
ABCDE1234F



नाम / Name

XXXX XXXXX

पिता का नाम / Father's Name

XXXXXX XXXXX

जन्म की तारीख /

Date of Birth

DD/MM/YY

Electric Bill C.

Electric Usage History

From Date

To Date



Electric Usage Comparison			
kWh	Days	Total kWh	Avg kWh/Day
29		617	21
29		707	21
29		617	20
			kWh Cost/Day
			3.07
			3.06
			2.90
			90° F

MAKE CHECKS PAYABLE TO:



TEMP-RETURN SERVICE REQUESTED

FOR BILLING INQUIRIES: 555-555-5892

IF PAYING BY CARD, FILL OUT BELOW.

CHECK CARD USING FOR PAYMENT		
CARD	CARD	CARD
CARD NUMBER	SIGNATURE CODE	
SIGNATURE	EXP. DATE	
STATEMENT DATE	AMOUNT DUE	ACCT. #
Today!	\$1226.88	000 000
PAGE: 1 of 1		SHOW AMOUNT PAID HERE \$

60 69

AMERICAN
28464 OAK ST
SAVE ME, USA 00404

NORTH CLINIC
P O BOX 0000
SAVE ME, USA 00404

☐ 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

DATE	DESCRIPTION	CHARGES	PAYMENTS	ADJUSTMENTS	INSURANCE BALANCE	PATIENT BALANCE
	Previous Balance DOC: us Visit Summary				\$1185.00 \$101.00	\$1226.88
ACCOUNT#:		DUE DATE: Today!		PAY THIS AMOUNT: \$1226.88		
CURRENT	30 - 60 DAYS	60 - 90 DAYS	90 - 120 DAYS	120 - 150 DAYS	OVER 150	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2226.88	
TOTAL BALANCE: \$1512.88		INSURANCE BALANCE: \$286.00		PATIENT BALANCE: \$1226.88		
MESSAGES: We have not received your payment in full or a response from you. If payment in full is not received this account may be referred to a Collection Service.						

*NOTICE: THIS IS A BILL BASED UPON INFORMATION FROM YOUR HEALTH PLAN.
YOU OWE THE AMOUNT SHOWN.



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