Pay	То	8

,,,

Date :		
Amount Paid		
06/04/2020	ACCT 1982	Authorized Signature

Patient Name: Joseph Kubik Acct Number: 1982

Responsible Party Name	Practice Address				
Joseph Kubik,	,				
13 Plantation Drive, Vero Beach FL 32966.	,				
Velo Beach 1 E 32900.	, ,				

 $\hfill\Box$ Please check the box if your address is incorrect or insurance info has changed

------Please detach and send above with payment------

Dear Patient,

	Statement								
Date Of Service	Provider	Location	Procedure	Charge	Primary Insurance Payment	Secondary Insurance Payment	Patient Payment	Open Balance	Remark
02/10/2020	Gusti Labatte-Deneau	Palm Garden Of Vero Beach	99308	\$202.74	\$16.65	\$0.00	\$0.00	\$45.00	
							Grand Total	\$45.00	

*NOTE: Some or all of this payment may be applied to a closed visit that does not appear on this statement

Total Balance Due \$45.00

EXPLANATION OF BALANCES:

ADDITIONAL REMARK:

Balance is due upon receipt. Please call for billing inquiries and payment options.