

DONALD SCHMITT,
300 EL CERRO BLVD.
SUITE E
DANVILLE, CA 94526



RETURN SERVICE REQUESTED

005591
0101

(925)837-8218

IF PAYING BY CREDIT CARD, PLEASE CHECK BOX FOR SELECTION AND FILL OUT BELOW					
CHECK CARD USING FOR PAYMENT					
<input type="checkbox"/> MasterCard	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA	<input type="checkbox"/> VISA
CARD NUMBER			SIGNATURE CODE (CVV)		
SIGNATURE			EXP. DATE		
STATEMENT DATE			ACCT. #		
10/24/2023					
			AMOUNT PAID		
			\$		



NIKOLAI SCHLEGEL
6 ELIZABETH LN
DANVILLE, CA 94526-1547



DONALD SCHMITT,
300 EL CERRO BLVD STE E
DANVILLE, CA 94526-1745

STATEMENT

PLEASE DETACH AND RETURN TOP WITH YOUR PAYMENT

801223(PC1)

Please check box if address is incorrect or insurance information

has changed and indicate change(s) on the reverse side.

DATE	DESCRIPTION	PATIENT	CHARGES	CREDITS
09/28/2023	Balance Forward Charges over 60 days. You are responsible for balance.		60.0	

PARENTS OR GUARDIANS ARE RESPONSIBLE FOR ANY BALANCE OR CO-PAYMENTS NOT MET BY THEIR INSURANCE

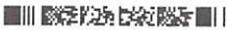
15	CURRENT BALANCE	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	TOTAL BALANCE
	0.00	0.00	60.00	0.00	60.00

MAKE CHECKS PAYABLE TO:
DONALD SCHMITT,

133850.18284

v2.0.000

PAGE NUMBER: 1



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IF ANY OF THE FOLLOWING HAS CHANGED SINCE YOUR LAST STATEMENT, PLEASE INDICATE.**ABOUT YOU:**

YOUR NAME (Last, First, Middle Initial)

ADDRESS

CITY STATE ZIP

TELEPHONE MARITAL STATUS
()
 Separated
 Single
 Married
 Divorced
 Widowed

EMPLOYER'S NAME PHONE

EMPLOYER'S ADDRESS

CITY STATE ZIP

ABOUT YOUR INSURANCE:

YOUR PRIMARY INSURANCE COMPANY'S NAME	EFFECTIVE DATE
PRIMARY INSURANCE COMPANY'S ADDRESS	PHONE
CITY	STATE ZIP
POLICYHOLDER'S ID NUMBER	GROUP PLAN NUMBER
YOUR SECONDARY INSURANCE COMPANY'S NAME	EFFECTIVE DATE
SECONDARY INSURANCE COMPANY'S ADDRESS	PHONE
CITY	STATE ZIP
POLICYHOLDER'S ID NUMBER	GROUP PLAN NUMBER