

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

6636



RETURN SERVICE REQUESTED

(925)837-8218

002208
0101

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.					
<input checked="" type="checkbox"/> MASTERCARD			<input type="checkbox"/> DISCOVER		
<input type="checkbox"/> VISA			<input checked="" type="checkbox"/> AMERICAN EXPRESS		
CARD NUMBER			SIGNATURE CODE (CVV)		
SIGNATURE			EXP. DATE		
STATEMENT DATE		ACCT. #			
03/29/2023					
		AMOUNT PAID			
		\$			

|||||||
NIKOLAI SCHLEGEL
6 ELIZABETH LANE
DANVILLE, CA 94526-1547

|||||||
DONALD SCHMITT,
300 EL CERRO BLVD.
SUITE E
DANVILLE, CA 94526-1745

Please check box if 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
607515(PC1)

DATE	DESCRIPTION	PATIENT	CHARGES	CREDITS
02/27/2023	Balance Forward	Mikhaila	366.90	
03/06/2023	Dental Ins Pmt-(02/17/2023)-Metlife			-277.20
Over 30 days.	Please contact your insurance company if necessary.			

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	89.70	0.00	0.00	89.70

MAKE CHECKS PAYABLE TO:

DONALD SCHMITT,

PAGE NUMBER: 1

133850.18284

v2.0.000

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
 Divorced
 Married
 Widowed

EMPLOYER'S NAME PHONE

EMPLOYER'S ADDRESS

CITY STATE ZIP

ABOUT YOUR INSURANCE:

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