

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

6636



008062
0101

RETURN SERVICE REQUESTED
(925)837-8218

CHECK CARD USING FOR PAYMENT	
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER
<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER	SIGNATURE CODE (CVV)
SIGNATURE	EXP. DATE
STATEMENT DATE 07/27/2023	ACCT. #
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
06/28/2023	Balance Forward		0.00	
* 07/10/2023	Periodic oral evaluation	Vincent	105.00	
* 07/10/2023	Prophylaxis-adult	Vincent	123.00	
*Dental Insurance has been billed.				

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
	228.00	0.00	0.00	0.00	228.00

MAKE CHECKS PAYABLE TO:
DONALD SCHMITT,
PAGE NUMBER: 1
133850.18284
v2.0.000

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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 <input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> 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