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

6636

RETURN SERVICE REQUESTED

000390
0101

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.

CHECK CARD USING FOR PAYMENT

☐ MASTERCARD ☐ DISCOVER ☐ VISA ☐ AMERICAN EXPRESS

CARD NUMBER	SIGNATURE CODE (CVV)
SIGNATURE	EXP. DATE

STATEMENT DATE	ACCT. #
08/28/2023	
	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
07/26/2023	Balance Forward		228.00	
08/21/2023	Periodic oral evaluation	Mikhaila	105.00	
08/21/2023	Prophylaxis-child	Mikhaila	123.00	
08/09/2023	Dental Ins Pmt-(07/11/2023)-Metlife	Vincent		-198.00

*Dental Insurance has been billed.
Over 30 days. Please contact your insurance company if necessary.

00000134-A

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	30.00	0.00	0.00	258.00

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

6636*6636ALL*SP6106CXV000358

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
☐ Single ☐ Married ☐ Separated ☐ 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

000000134-B