

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



001406
0101

RETURN SERVICE REQUESTED

(925)837-8218

IF PAYING BY CREDIT CARD, PLEASE CHECK BOX FOR SELECTION AND FILL OUT BELOW					
CHECK CARD USING FOR PAYMENT					
<input checked="" type="checkbox"/> MasterCard	<input type="checkbox"/>	<input checked="" type="checkbox"/> MASTERCARD	<input checked="" type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER			SIGNATURE CODE (CVV)		
SIGNATURE			EXP. DATE		
STATEMENT DATE		ACCT. #			
12/22/2023					
		AMOUNT PAID			
		\$			



NIKOLAI SCHLEGEL
6 ELIZABETH LN
DANVILLE, CA 94526-1547

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

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
11/27/2023	Balance Forward Charges on account over 90 days. PLEASE PAY IMMEDIATELY!		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	0.00	60.00	60.00

MAKE CHECKS PAYABLE TO:
DONALD SCHMITT,

133850.18284

v2.0.000

PAGE NUMBER: 1

4453-D6636QDCP-1859783-1332172824-P;12394142-1-406;D16622169a;1

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