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

RETURN SERVICE REQUESTED

(925)837-8218

005591
0101

IF PAYING BY CREDIT CARD, PLEASE CHECK BOX FOR SELECTION AND FILL OUT BELOW	
CHECK CARD USING FOR PAYMENT	
☐ MASTERCARD ☐ DISCOVER ☐ VISA ☐ AMERICAN EXPRESS	
CARD NUMBER	SIGNATURE CODE (CVV)
SIGNATURE	EXP. DATE
STATEMENT DATE 10/24/2023	ACCT. #
	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 check box if address is incorrect or insurance information has changed and indicate change(s) on the reverse side.

PLEASE DETACH AND RETURN TOP WITH YOUR PAYMENT

801223(PC1)

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

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

4453-D6636QDCP-1837113-1309642866-P;12277330-1-149;D15855033a;1

000002433-A

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

00000243-B