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

RETURN SERVICE REQUESTED

007056
0101

(925)837-8218

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	ACCT. #
09/29/2023	
	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
08/28/2023	Balance Forward		258.0	
09/05/2023	Dental Ins Pmt-(08/22/2023)-Metlife	Mikhaila		-198

Over 30 days. Please contact your insurance company if necessary.

000006312-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
0.00	60.00	0.00	0.00	60.00

MAKE CHECKS PAYABLE TO:
DONALD SCHMITT,

133850.18284
v2.0.000

4453-D6636ODCP-1827410-1302015256-P:12227811-1-192:D15528246a: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
☐ 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

000006312-B