

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

6636

RETURN SERVICE REQUESTED

(925)837-8218

006355
0101

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.	
CHECK CARD USING FOR PAYMENT	
<input checked="" 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	ACCT. #
10/29/2022	
	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
09/27/2022	Balance Forward		25.50	
	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	25.50	0.00	25.50

MAKE CHECKS PAYABLE TO:

DONALD SCHMITT,

PAGE NUMBER: 1

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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