

STATEMENT

PAGE: 1

DATE: 12/14/2022

CLARK S. TSAI, M.D.2225 Port Chicago Hwy
Concord, California 94520

Phone: (925) 689-7744 * Fax: (925) 689-7748

If paying by credit card, please complete the information below and mail
to the billing department in the envelope provided.....

CHECK ONE: <input type="checkbox"/> VISA <input type="checkbox"/> MC	AMOUNT APPLIED TO CREDIT CARD <input type="text"/>	CREDIT CARD NUMBER <input type="text"/>
PRINT CARDHOLDER NAME <input type="text"/>		CARD EXPIRATION DATE <input type="text"/>
CARDHOLDER SIGNATURE (X) <input type="text"/>		DATE SIGNED / / <input type="text"/>

SCHLEGEL, NIKOLAI
6 ELIZABETH LANE
DANVILLE, CA 94526-1547ACCOUNT NO: 51601
CATEGORY: PPO
INSURANCE: BTPPPPO

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

DATE	DOCTOR	DESCRIPTION	CHARGE	PAYMENT	ADJUSTMENT	BALANCE
		PREVIOUS BALANCE				0.00
02/24/22	TSAI	OLD VSP EYE C COMPLE	175.00		0.00	
03/14/22		INS PMT		0.00		
03/14/22		Ck#BT 3				
02/24/22		Balance				175.00

REMARKS

All or a portion of your balance is 90 DAYS PAST DUE. Further
delay in payment will result in collection activity. Your
insurance has been billed.

REGARDLESS OF ANY INSURANCE COVERAGE, THE TOTAL BALANCE DUE IS THE LEGAL OBLIGATION OF THE PATIENT.

0.00	0.00	0.00	175.00	175.00
CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	AMOUNT DUE

CLARK S. TSAI, M.D.2225 Port Chicago Hwy
Concord, California 94520

Phone: (925) 689-7744 * Fax: (925) 689-7748