

STATEMENT

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

ACCOUNT NO: 51601

CATEGORY: PPO

INSURANCE: BTTPPO

SCHLEGEL, NIKOLAI
6 ELIZABETH LANE
DANVILLE, CA 94526-1547

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

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