

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



001406
0101

RETURN SERVICE REQUESTED

(925)837-8218

NIKOLAI SCHLEGEL
6 ELIZABETH LN
DANVILLE, CA 94526-1547

IF PAYING BY CREDIT CARD, PLEASE CHECK BOX FOR SELECTION AND FILL OUT BELOW	
CHECK CARD USING FOR PAYMENT	
<input 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 12/22/2023	ACCT. #
	AMOUNT PAID \$

STATEMENT

PLEASE DETACH AND RETURN TOP WITH YOUR PAYMENT

801223(PC1)

☐ Please check box if address is incorrect or insurance information has changed and indicate change(s) on the reverse side.

DATE	DESCRIPTION	PATIENT	CHARGES	CREDITS
11/27/2023	Balance Forward		60.0	
	Charges on account over 90 days. PLEASE PAY IMMEDIATELY!			

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	0.00	60.00	60.00

MAKE CHECKS PAYABLE TO:
DONALD SCHMITT,

133850.18284
v2.0.000

PAGE NUMBER: 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 <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