# Professional Services By: Dr. John Doe 1500 River Rd. Salem Or 97306

For Billing Questions 1 (800) 574-7064

- 7 Mr. John Q. Public 899 Commercial St. Salem Or 97306
- Mark box if address has changed.
  Indicated information changes on reverse side.

Account Balance	Α	ccount Number				
2 290.00	3	210061-00072				
<b>Minimum Payment Due</b>		Amount Enclosed				
4 25.00	5					
Payment Due Date	6	5/20/00				

# Please Remit Check Payable To: F.P.C.

First Pacific Corporation is an exclusive billing and payment processing company for dental professionals.

We accept Mastercard and VISA. See reverse side for details.

4	Date	Name	Description	Charges	Credits	Balance
	9	10	10	12	13	14
	4/17/00 4/17/00 4/17/00 4/18/00 4/18/00	Keith Keith Trent Keith Trent	1 SURF AMALGAM 2 SURF AMALGAM 1 SURF AMALGAM INS BILLED TO DELTA FOR \$145 INS BILLED TO DELTA FOR \$85	85.00 120.00 85.00		85.00 205.00 290.00
	5/20/00	DUE DATE	6	2 ACCOU	NT BALANCE	290.00

8

PLEASE INDICATE IF ANY OF THE FOLLOWII  (Information will only be used to update			ED		
Your Name	Home Phone				
Street	City	State	_ Zip		
Insurance Company	Contract No	Ins. Gro	up/Plan		
Employer	Business Phone				
Please fill out the section below:	Total	of items	\$		
22  IVISA VISA   Mastercard   DISCOVER   Discover	Conv	enience Fee	\$	7.95	
MO. YR.	Total	Charged	\$		
CARD NUMBER EXPIRATION DATE  Convenience Fee will sustematically be imposed if not	CARDMEMBER SIGNATURE				
Convenience Fee will automatically be imposed if not added or adjusted if incorrect to total of items charged.	PLEASE PI	RINT NAME			

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PO Box 300 • Salem, OR 97302-8001





## **FACTS OF INTEREST ABOUT FIRST PACIFIC CORPORATION**

We are a computerized billing agency exclusively for professionals who use our services in order to spend more time with their patients or clients. We prepare your monthly statements, receive and record your payments.

Any payments received after the payment due date as shown on the front of this statement will be recorded on your next statement.

### **INSURANCE BILLING**

Even though an insurance claim may be pending, you will receive a statement if your account has an outstanding balance. We recommend you take advantage of our payment schedule which permits you to pay installments on your estimated share, pending settlement by the insurance company.

First Pacific Corporation is prepared to assist you with any questions or concerns you may have regarding your account. For information or assistance regarding this statement, please contact First Pacific Corporation's Patient Services Department. Please include your account number on all correspondence. Letters of