

Professional Services By:

1 Dr. John Doe
1500 River Rd.
Salem Or 97306
////////////////////////////////////

For Billing Questions 1 (800) 574-7064

Account Balance

2 290.00

Account Number

3 210061-00072

Minimum Payment Due

4 25.00

Amount Enclosed

5

Payment Due Date

6 5/20/00

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

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

☐ Mark box if address has changed.
Indicated information changes on reverse side.

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

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

Statement Message

Home Phone_____

City_____ State_____ Zip_____

Contract No._____ Ins. Group/Plan_____

Business Phone_____

PLEASE PRINT NAME

