

January 29, 2013

Clarence Abner  
6827 Latta Pkwy  
Dallas TX 75227-6043

**Texas Auto Claims**  
PO Box 661035  
Dallas TX 75266-1035

RE:    Claim Number:        43-243X-002  
       Date of Loss:            01/25/2013  
       Our Insured:            Ronald Noel

Dear Clarence Abner:

We understand you were injured as a result of this loss.

This confirms our conversation of January 29, 2013 regarding the bodily injury claim you intend to present against our insured.

When you are ready to conclude your claim, please provide the following information to PO Box 661035 Dallas TX 75266-1035 or fax to (888) 888-4592:

1. Complete medical bill and records pertaining to treatment of injuries you sustained in this loss.
2. Proof of earnings in the event a wage loss is being presented.

If you have any questions, please contact us.

Sincerely,

Mary Anne Vinson  
Claim Representative  
(888) 257-6077 Ext. 32651  
Fax: (888) 888-4592

March 19, 2013

Clarence Abner  
6827 Latta Pkwy  
Dallas TX 75227-6043

Texas Auto Claims  
PO Box 661041  
Dallas TX 75266-1041

RE: Claim Number: 43-243X-002  
Date of Loss: January 25, 2013  
Our Insured: Ronald Noel

Dear Clarence Abner:

Your claim has recently been reassigned to me and I will be your future point-of-contact for any injury claim you may be pursuing.

If you have any questions, feel free to contact me at the number below.

You can enjoy the benefits of online registration. Benefits include checking the status of your claim online and staying connected to State Farm<sup>®</sup>. Just go to **statefarm.com**<sup>®</sup> and select Check the Status of a Claim to get registered. All you need to complete the process is your State Farm claim number, your email address, and about five minutes. If you are already registered, thank you!

Sincerely,

Ben Woodson  
Claim Representative  
(888) 257-6077 Ext. 83650  
Fax: (888) 257-6076

State Farm Mutual Automobile Insurance Company

# DOCTORS HOSPITAL

*at white rock lake*

9440 Poppy Drive  
Dallas, Texas 75218



Clarence Avner

has been treated here

(Patient)

1/25/13

(Date)

on

and will not be able

to return to

school

work until

2/4/13

(Date)

Restrictions:

None

Comments:

*[Handwritten Signature]*

(Doctor)

EMCARE-DTX EMERG PHYSICIANS  
 PO BOX 41797  
 PHILADELPHIA, PA 19101-1797

Statement Date: March 14, 2013

**ACCOUNT NUMBER: DTX0079362818**  
**Patient Name: CLARENCE ABNER**

Tax ID #: 75-2638594  
 Account Balance: \$755.00  
 Amount Pending  
 Insurance: \$0.00  
 Amount Due From  
 Patient (Current): \$755.00  
 Amount Due From  
 Patient (Past Due): \$0.00

**Pay This Amount: \$755.00**

**PLEASE REMIT PAYMENT BY "PAYMENT DUE BY" DATE. THANK YOU.** Please refer to coupon below for payment instructions.



042024-0000079362818-02



#BWNJFDB  
 #000000DTX8114259#  
 CLARENCE ABNER  
 6827 LATTA PKWY  
 DALLAS TX 75227-6043

Pay your bill securely online anytime at [www.MyMedicalPayments.com](http://www.MyMedicalPayments.com)

Date	#	Description	Charge	Paid By First Ins.	Paid By Other Ins.	Paid By Patient	Amount Adjusted	Due From Insurance	PATIENT BALANCE
01/25/13	1	99283 EMERG INJURY EVAL & MGMT-LVL 3 DX:847.0 DR. LINK/DOCTORS HOSP AT WHITE ROCK LAKE	\$613.00						
03/08/13		AUTO INSURANCE NO RESPONSE FROM PAYOR		-\$0.00					\$613.00
01/25/13	2	72040-26-26 EMERG INTERP CERV SPINE 2 VWS DX:847.0 DR. LINK/DOCTORS HOSP AT WHITE ROCK LAKE	\$89.00						
03/08/13		AUTO INSURANCE NO RESPONSE FROM PAYOR		-\$0.00					\$89.00
01/25/13	3	94780-26-26 NON-INVASIVE PULSE OXIMETRY DX:847.0 DR. LINK/DOCTORS HOSP AT WHITE ROCK LAKE	\$53.00						
03/08/13		AUTO INSURANCE NO RESPONSE FROM PAYOR		-\$0.00					\$53.00
<b>TOTALS:</b>			\$755.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$755.00

**Important Messages:**

This statement is for the direct treatment and/or supervision of care you recently received from an Emergency Physician at Doctors Hospital at White Rock Lake. The fees for this private physician are billed separately from any hospital charges or other professional fees for which you may also be responsible. Therefore, should you receive a bill from the hospital or other physicians for charges in connection with this visit, it will not include the items listed on this statement.

**"Payment Plans" Accepted**

Questions about this statement?/Llame de Lunes a Viernes?  
 Call 1-800-355-2470 Monday through Friday 9:30AM - 4:00PM.

Your automated system access code is 0047-0079362818, or you can send email to [billing\\_questions@emcare.com](mailto:billing_questions@emcare.com).

91384-01-5584 **↓↓ Please detach and return bottom portion with your remittance. ↓↓**

CLARENCE ABNER  
 6827 LATTA PKWY  
 DALLAS TX 75227-6043

YOU MAY PAY THIS BILL WITH YOUR CREDIT CARD  
 PLEASE SEE REVERSE SIDE.

Make Check/Money Order payable to:

EMCARE-DTX EMERG PHYSICIANS  
 PO BOX 41797  
 PHILADELPHIA, PA 19101-1797



If your address has changed, check this box and complete the reverse side of this form

**STATEMENT OF ACCOUNT**

Statement Date: March 14, 2013

**ACCOUNT NUMBER: DTX0079362818**  
**Patient Name: CLARENCE ABNER**

Payment Due By: 04/03/13  
 Amount Due: \$755.00

Amount Enclosed:

Go Green - pay online at [www.MyMedicalPayments.com](http://www.MyMedicalPayments.com)

The insurance information in our file appears below. Please make any corrections and/or additions on the reverse side of this form and return it to us. Thank you.

PMVA CLARENCE ABNER  
 6827 LATTA PKWY DALLAS TX 75227

Statement Date: April 15, 2013

EMCARE-DTX EMERG PHYSICIANS  
PO BOX 41797  
PHILADELPHIA, PA 19101-1797

ACCOUNT NUMBER: DTX0079362818

Patient Name: CLARENCE ABNER

Tax ID #: 75-2638594

Account Balance: \$755.00

Amount Pending

Insurance: \$0.00

Amount Due From

Patient (Current): \$0.00

Amount Due From

Patient (Past Due): \$755.00

Pay This Amount: \$755.00

**YOUR ACCOUNT IS NOW DELINQUENT.  
PLEASE REMIT PAYMENT IMMEDIATELY  
TO AVOID FURTHER ACTION.** Please refer to coupon below for payment instructions.



042024-0000079362818-02

#BWNJFDB

#000000DTX8114259#

CLARENCE ABNER

6827 LATTA PKWY

DALLAS TX 75227-6043

Pay your bill securely online anytime at [www.MyMedicalPayments.com](http://www.MyMedicalPayments.com)

Date	#	Description	Charge	Paid By First Ins.	Paid By Other Ins.	Paid By Patient	Amount Adjusted	Due From Insurance	PATIENT BALANCE
01/25/13	1	99283 EMERG INJURY EVAL & MGMT-LVL 3 DX:847.0 DR. LINKDOCTORS HOSP AT WHITE ROCK LAKE	\$613.00						
03/08/13		AUTO INSURANCE NO RESPONSE FROM PAYOR		-\$0.00					\$613.00
01/25/13	2	72040-26-26 EMERG INTERP CERV SPINE 2 VWS DX:847.0 DR. LINKDOCTORS HOSP AT WHITE ROCK LAKE	\$89.00						
03/08/13		AUTO INSURANCE NO RESPONSE FROM PAYOR		-\$0.00					\$89.00
01/25/13	3	94760-26-26 NON-INVASIVE PULSE OXIMETRY DX:847.0 DR. LINKDOCTORS HOSP AT WHITE ROCK LAKE	\$53.00						
03/08/13		AUTO INSURANCE NO RESPONSE FROM PAYOR		-\$0.00					\$53.00
<b>TOTALS:</b>			\$755.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$755.00

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Call 1-800-355-2470 Monday through Friday 9:30AM - 4:00PM.

Your automated system access code is 0047-0079362818, or you can send email to [billing\\_questions@emcare.com](mailto:billing_questions@emcare.com).



Please detach and return bottom portion with your remittance.



95213-R1-7966

CLARENCE ABNER  
6827 LATTA PKWY  
DALLAS TX 75227-6043

**STATEMENT OF ACCOUNT**

Statement Date: April 15, 2013

ACCOUNT NUMBER: DTX0079362818

Patient Name: CLARENCE ABNER

Payment Due By: PAST DUE

Amount Due: \$755.00

Amount Enclosed:

YOU MAY PAY THIS BILL WITH YOUR CREDIT CARD  
PLEASE SEE REVERSE SIDE.

Make Check/Money Order payable to:

Go Green - pay online at  
[www.MyMedicalPayments.com](http://www.MyMedicalPayments.com)

The insurance information in our file appears below. Please make any corrections and/or additions on the reverse side of this form and return it to us. Thank you.

EMCARE-DTX EMERG PHYSICIANS  
PO BOX 41797  
PHILADELPHIA, PA 19101-1797



PMVA CLARENCE ABNER

6827 LATTA PKWY DALLAS TX 75227

If your address has changed, check this box.  
and complete the reverse side of this form

04202400000793628180007550000000000000009

EMCARE-DTX EMERG PHYSICIANS  
 PO BOX 41797  
 PHILADELPHIA, PA 19101-1797

Statement Date: May 18, 2013

**ACCOUNT NUMBER: DTX0079362818**  
**Patient Name: CLARENCE ABNER**

Tax ID #: 75-2638594  
 Account Balance: \$755.00  
 Amount Pending  
 Insurance: \$0.00  
 Amount Due From  
 Patient (Current): \$0.00  
 Amount Due From  
 Patient (Past Due): \$755.00

**Pay This Amount: \$755.00**

**YOUR ACCOUNT IS NOW SERIOUSLY PAST DUE, AND A DELINQUENCY REVIEW IS BEING CONDUCTED. Please refer to coupon below for payment instructions.**



042024-0000079362818-02

#BWNJFDB  
 #000000DTX8114259#  
 CLARENCE ABNER  
 6827 LATTA PKWY  
 DALLAS TX 75227-6043

Pay your bill securely online anytime at [www.MyMedicalPayments.com](http://www.MyMedicalPayments.com)

Date	#	Description	Charge	Paid By First Ins.	Paid By Other Ins.	Paid By Patient	Amount Adjusted	Due From Insurance	PATIENT BALANCE
01/25/13	1	99285 EMERG INJURY EVAL & MGMT-LVL 3 DX 847 0 DR LINK/DOCTORS HOSP AT WHITE ROCK LAKE	\$613.00						
03/08/13		AUTO INSURANCE NO RESPONSE FROM PAYOR		-\$0.00					\$613.00
01/25/13	2	72040-26-26 EMERG INTERP CERV SPINE 2 VWS DX 847 0 DR LINK/DOCTORS HOSP AT WHITE ROCK LAKE	\$89.00						
03/08/13		AUTO INSURANCE NO RESPONSE FROM PAYOR		-\$0.00					\$89.00
01/25/13	3	94760-26-26 NON-INVASIVE PULSE OXIMETRY DX 847 0 DR LINK/DOCTORS HOSP AT WHITE ROCK LAKE	\$53.00						
03/08/13		AUTO INSURANCE NO RESPONSE FROM PAYOR		-\$0.00					\$53.00
<b>TOTALS:</b>			\$755.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$755.00

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 Call 1-800-355-2470 Monday through Friday 9:30AM - 4:00PM.

Your automated system access code is 0047-0079362818, or you can send email to [billing\\_questions@emcare.com](mailto:billing_questions@emcare.com).

95213-R1 6083

↓↓ Please detach and return bottom portion with your remittance. ↓↓

CLARENCE ABNER  
 6827 LATTA PKWY  
 DALLAS TX 75227-6043

YOU MAY PAY THIS BILL WITH YOUR CREDIT CARD  
 PLEASE SEE REVERSE SIDE.

Make Check/Money Order payable to:

EMCARE-DTX EMERG PHYSICIANS  
 PO BOX 41797  
 PHILADELPHIA, PA 19101-1797



If your address has changed, check this box, and complete the reverse side of this form

**STATEMENT OF ACCOUNT**

Statement Date: May 18, 2013

**ACCOUNT NUMBER: DTX0079362818**  
**Patient Name: CLARENCE ABNER**

Payment Due By: PAST DUE  
 Amount Due: \$755.00

Amount Enclosed:

Go Green - pay online at [www.MyMedicalPayments.com](http://www.MyMedicalPayments.com)

The insurance information in our file appears below. Please make any corrections and/or additions on the reverse side of this form and return it to us. Thank you.

PMVA CLARENCE ABNER  
 6827 LATTA PKWY DALLAS TX 75227

04202400000793628180007550000000000000009

EMCARE-DTX EMERG PHYSICIANS  
 PO BOX 41797  
 PHILADELPHIA, PA 19101-1797

STATEMENT OF ACCOUNT (1)  
 Statement Date: July 11, 2013

**ACCOUNT NUMBER: DTX0079362818**  
**Patient Name: CLARENCE ABNER**

Tax ID #: 75-2638594  
 Account Balance: \$745.00  
 Amount Pending  
 Insurance: \$0.00  
 Amount Due From  
 Patient (Current): \$745.00  
 Amount Due From  
 Patient (Past Due): \$0.00

**Pay This Amount: \$745.00**

**PLEASE REMIT PAYMENT BY "PAYMENT DUE BY" DATE. THANK YOU.** Please refer to coupon below for payment instructions.



042024-0000079362818-02

#BWNJFDB  
 #000000DTX8114259#  
 CLARENCE ABNER  
 6827 LATTA PKWY  
 DALLAS TX 75227-6043

Pay your bill securely online anytime at [www.MyMedicalPayments.com](http://www.MyMedicalPayments.com)

Date	#	Description	Charge	Paid By First Ins.	Paid By Other Ins.	Paid By Patient	Amount Adjusted	Due From Insurance	PATIENT BALANCE
01/25/13	1	99283 EMERG INJURY EVAL & MGMT-LVL 3 DX:847 0 DR. LINK/DOCTORS HOSP AT WHITE ROCK LAKE	\$613.00						
03/08/13		AUTO INSURANCE NO RESPONSE FROM PAYOR		-\$0.00					
06/10/13		MASTERCARD MASTERCARD APPROVED				-\$9.00			\$604.91
01/25/13	2	72040-26-26 EMERG INTERP CERV SPINE 2 VWS DX:847 0 DR. LINK/DOCTORS HOSP AT WHITE ROCK LAKE	\$89.00						
03/08/13		AUTO INSURANCE NO RESPONSE FROM PAYOR		-\$0.00					
06/10/13		MASTERCARD MASTERCARD APPROVED				-\$1.17			\$87.83
01/25/13	3	94760-26-26 NON-INVASIVE PULSE OXIMETRY DX:847 0 DR. LINK/DOCTORS HOSP AT WHITE ROCK LAKE	\$53.00						
03/08/13		AUTO INSURANCE NO RESPONSE FROM PAYOR		-\$0.00					
06/10/13		MASTERCARD MASTERCARD APPROVED				-\$0.74			\$52.26
		PAYMENT PLAN SET UP FOR \$ 10.00 PER MONTH.....THANK YOU.							
<b>TOTALS:</b>			\$755.00	\$0.00	\$0.00	-\$10.00	\$0.00	\$0.00	\$745.00

**Important Messages:**

This statement is for the direct treatment and/or supervision of care you recently received from an Emergency Physician at Doctors Hospital at White Rock Lake. The fees for this private physician are billed separately from any hospital charges or other professional fees for which you may also be responsible. Therefore, should you receive a bill from the hospital or other physicians for charges in connection with this visit, it will not include the items listed on this statement.

**"Payment Plans" Accepted**

Questions about this statement?/Llame de Lunes a Viernes?  
 Call 1-800-355-2470 Monday through Friday 9:30AM - 4:00PM.

Your automated system access code is 0047-0079362818, or you can send email to [billing\\_questions@emcare.com](mailto:billing_questions@emcare.com).

91384-01-9109

↓↓ Please detach and return bottom portion with your remittance. ↓↓

CLARENCE ABNER  
 6827 LATTA PKWY  
 DALLAS TX 75227-6043

YOU MAY PAY THIS BILL WITH YOUR CREDIT CARD  
 PLEASE SEE REVERSE SIDE.

Make Check/Money Order payable to:

EMCARE-DTX EMERG PHYSICIANS  
 PO BOX 41797  
 PHILADELPHIA, PA 19101-1797



If your address has changed, check this box and complete the reverse side of this form

**STATEMENT OF ACCOUNT**

Statement Date: July 11, 2013

**ACCOUNT NUMBER: DTX0079362818**  
**Patient Name: CLARENCE ABNER**

Payment Due By: 07/31/13  
 Amount Due: \$745.00

Amount Enclosed:

Go Green - pay online at [www.MyMedicalPayments.com](http://www.MyMedicalPayments.com)

The insurance information in our file appears below. Please make any corrections and/or additions on the reverse side of this form and return it to us. Thank you.

PMVA CLARENCE ABNER  
 6827 LATTA PKWY DALLAS TX 75227  
 MCARD MASTERCARD

0420240000079362818000745000000000000002

Doctors Hospital

214.324.6115

Motor Vehicle info needed:

Claim #: 43243X002

Adjuster Name: Mary Anne Vinson

Billing c/o Name: State Farm Insurance

Billing Address: PO Box 661035

City: Dallas

State/Zip Code: TX 75266

Claims Phone #: 888 257 6077

Patient Name: Clarence Abner

Patient Acct#:

130294021818  
1500

CLARENCE ABNER  
6827 LATTA PKWY  
DALLAS, TX 75227-

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08-03

PICA 01 PMVA

PICA

1. MEDICARE  MEDICAID  TRICARE CHAMPUS (Sponsor's SSN)  CHAMPVA (Member ID#)  GROUP HEALTH PLAN (SSN or ID)  FECA BLK LUNG (SSN)  OTHER (ID)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)  
**ABNER, CLARENCE**

3. PATIENT'S BIRTH DATE (MM/DD/YY) **07/10/1962** SEX  M  F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)  
**SAME**

5. PATIENT'S ADDRESS (No., Street)  
**6827 LATTA PKWY**

6. PATIENT RELATIONSHIP TO INSURED  
Self  Spouse  Child  Other

7. INSURED'S ADDRESS (No., Street)

CITY **DALLAS** STATE **TX**

6. PATIENT STATUS  
Single  Married  Other

CITY STATE

ZIP CODE **75227** TELEPHONE (Include Area Code) **(214) 799-1296**

ZIP CODE TELEPHONE (Include Area Code)

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)  
**N/A**

10. IS PATIENT'S CONDITION RELATED TO:  
a. EMPLOYMENT? (Current or Previous)  
 YES  NO  
b. AUTO ACCIDENT?  YES  NO PLACE (State) **TX**  
c. OTHER ACCIDENT?  YES  NO

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. INSURED'S DATE OF BIRTH (MM/DD/YY) SEX  M  F

b. EMPLOYER'S NAME OR SCHOOL NAME

c. INSURANCE PLAN NAME OR PROGRAM NAME

8. INSURANCE PLAN NAME OR PROGRAM NAME

10d. RESERVED FOR LOCAL USE

d. IS THERE ANOTHER HEALTH BENEFIT PLAN?  
 YES  NO *If yes, return to end and complete item 24-27*

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE: I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED **SIGNATURE ON FILE** DATE **01/25/13**

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE: I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED **SIGNATURE ON FILE**

14. DATE OF CURRENT ILLNESS (First symptom, OR INJURY (Accident), OR PREGNANCY (LMP))  
**01/25/13**

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE (MM/DD/YY)

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION  
FROM (MM/DD/YY) TO (MM/DD/YY)

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE  
17a.   
17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES  
FROM (MM/DD/YY) TO (MM/DD/YY)

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB?  YES  NO \$ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)  
1. **847.0** 3.   
4. **E812.1**

22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.  
23. PRIOR AUTHORIZATION NUMBER

A. DATE(S) OF SERVICE		B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT-ICPCS MODIFIER	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPDT (Participating) CLAL	I. RENDERING PROVIDER ID#
From MM DD YY	To MM DD YY								
01 25 2013	01 25 13	23	Y	99283	1,2	613.00	1	NPI: 1982810727	
01 25 2013	01 25 13	23	Y	72040	26	89.00	1	NPI: 1982810727	
01 25 2013	01 25 13	23	Y	94760	26	53.00	1	NPI: 1982810727	
								NPI:	
								NPI:	
								NPI:	

25. FEDERAL TAX ID NUMBER **75-2638594** SSN EIN

26. PATIENT'S ACCOUNT NO **0079362818DTX**

27. ACCEPT ASSIGNMENT? (For gov't claims, see back)  YES  NO

28. TOTAL CHARGE \$ **755.00** 29. AMOUNT PAID \$ **0.00** 30. BALANCE DUE \$ **755.00**

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE(S) OR CREDENTIALS (Identify that the statements on the reverse apply to this bill and are made a part thereof.)  
**JEFFREY LINK, MD**

32. SERVICE FACILITY LOCATION INFORMATION  
**DOCTORS HOSP AT WHITE ROCK LAKE  
9440 POPPY DRIVE  
DALLAS TX 75218-3652**

33. BILLING PROVIDER INFO & PH# **(800) 355-2470**  
**EMCARE-DTX EMERG PHYSICIANS  
PO BOX 41797  
PHILADELPHIA PA 19101-1797**

MD **02/06/13**  
SIGNED DATE

a **1699705426** b **1285709600**

## Doctors Hospital

Emergency Department  
9440 Poppy Drive  
Dallas, TX 75218  
214-324-6111

**DISCHARGE INSTRUCTIONS FOR:  
FOR TODAY'S VISIT ON:**

**Clarence Abner  
Friday 1/25/2013**

Thank you for using Doctors Hospital for your care today. It is important for you to know that the examination, treatment and x-ray reading you have received in the Emergency Care Center today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

### **X-RAYS and LAB TESTS:**

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get results. If there is a change in the x-ray diagnosis or a positive culture we will contact you. **(Make sure we have your local phone number.)**

### **MEDICATIONS:**

If you received a prescription for medication(s) today it is important that when you fill this you let the pharmacists know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

Care provided by GREER, SHARON, F-NP with the diagnosis of Cervical Spine Strain, MVC.

Thanks again for using Doctors Hospital for your treatment today. The discharge instructions for today's visit are outlined below.

- 
- Motor Vehicle Collision (MVC)
  - Neck Injury Cervical Strain
  - Motrin 600mg 20 (twenty) tablets 1 orally four times a day as needed for pain
- Your primary care doctor (Family Practice)
- Prvt MD 2-3 days
  - Return to ED if condition worsens or changes

### **Special Notes:**

---

I hereby acknowledge that I have received and understand the above instructions and prescriptions (if any). I acknowledge that failure to follow-up with the above doctors as directed will release the emergency department physicians of any responsibility for any adverse outcome or worsening of my condition. I also understand that my signature authorizes North Shore Medical Center to release all or any part of my medical record (including, if applicable, information pertaining to AIDS/HIV testing, mental health records, and drug/alcohol treatment) to the referred physician(s) listed above.

---

## INSTRUCTIONS

# Motor Vehicle Collision (MVC)

You have been evaluated for injuries you received in a Motor Vehicle Collision (MVC). You have been examined and your caregiver has **not found** injuries serious enough to require hospitalization.

It is common to have multiple bruises and sore muscles after a MVC. These tend to feel worse for the first 24 hours. You may have more stiffness and soreness over the next several hours. It may be worse when you wake up the first morning after your accident. After this point, you will usually begin to improve with each passing day. The amount of improvement often depends on the amount of damage done in the accident.

Following the accident, **if some part of your body does not work or feel as it should, or if the pain in any area continues to increase, you should seek immediate medical attention.**

### HOME CARE INSTRUCTIONS:

- Ø Ice sore areas every 2 hours for 20 minutes while awake for the next 2 days.
- Ø Drink extra fluids. Do not drink alcohol.
- Ø Take a hot or warm shower or bath once or twice a day. This will increase blood flow to sore muscles. This will help you “limber up.”
- Ø Activity as tolerated. Lifting may aggravate neck or back pain.
- Ø You may use acetaminophen (Tylenol®), ibuprofen (Advil® or Motrin®), as needed for pain and *inflammation* (soreness). Use these **only if your caregiver has not given medications that interfere**. Do not use aspirin. This may increase bruising or increase bleeding if there are small areas where this is happening.
- Ø If you feel you are not improving, or if you feel you are improving more slowly than you would expect, call your caregiver.

### SEEK IMMEDIATE MEDICAL ATTENTION IF YOU HAVE:

- Ø Numbness, tingling, weakness, or problem with the use of your arms or legs.
- Ø Severe headaches not relieved with medications.
- Ø Changes in bowel or bladder control.
- Ø Increasing pain in any areas of the body.
- Ø Shortness of breath, dizziness or fainting.
- Ø Nausea, vomiting or sweats.
- Ø Increasing *abdominal* (belly) discomfort.
- Ø Blood in your urine, stool, or vomit.
- Ø Pain in either shoulder or in an area where a shoulder strap would be.
- Ø Feelings of lightheadedness or you have a fainting episode.

**If you feel your symptoms are worsening, SEEK IMMEDIATE MEDICAL ATTENTION.**

Document Released: 12/18/2006 Document Re-Released: 06/11/2007

ExitCare® Patient Information ©2007 ExitCare, LLC.

Your exam shows you have strained the muscles and ligaments in your neck. This injury is very common in car accidents. **Often there is a delay of several hours after the injury before the pain and stiffness appear.** A strained neck may also result from sleeping in an awkward position or from working overhead. Even poor posture using a keyboard or telephone can injure your neck. Minor strains usually improve greatly with rest and medication in less than 2 weeks. Treatment includes:

- Ø Rest - Rest may be needed for several days. Keep your chin tucked a little so your neck is in a neutral position over your body. Avoid pillows that push your head forward. When on your side, make sure your nose is lined up with the center of your body. A special neck pillow or folded towel wrapped around your neck may also help provide support.
- Ø Ice packs for the first few days and then heat therapy after 2 days reduces pain and improves movement. Massage, ultrasound, and other physical therapies may also provide some relief.
- Ø Medications to reduce pain, inflammation, and muscle spasms are often prescribed to help relieve the symptoms.
- Ø If your pain is severe, a cervical collar can be used to immobilize the neck for the first 1-2 weeks. These collars should not be worn for prolonged periods, however, because they weaken the neck muscles.

**You can expect that your neck injury will be very sore for 2-3 days.** If the pain is not better after 3 days of rest and pain treatment, or if the pain is still present after 2 weeks, you should have a follow-up doctor's appointment. More severe neck strains may take months to heal, however almost all will be completely healed within 6-12 months. **Call your doctor or the emergency room right away if you have severe or increasing pain, pain that radiates from the neck down the arm, or if you develop numbness or weakness in your arms, hands or legs.**

**ExitCare® Patient Information ©2006 MedQuest, LLC.**

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## **PRESCRIPTION(S)**

### **Ibuprofen tablets or caplets**

Advil®, Advil® Migraine, Excedrin® IB, Motrin®, Motrin® Migraine Pain, Nuprin®, Pedia Care® Fever Drops, Provel®, Rufen®

**What are ibuprofen tablets or caplets?** IBUPROFEN (Motrin(R), Advil(R), Rufen(R), Nuprin(R)) is an antiinflammatory drug. Ibuprofen reduces inflammation and eases mild to moderate pain. It reduces fever and relieves the symptoms of rheumatoid arthritis (rheumatism), osteoarthritis, menstrual cramps or premenstrual pain and swelling. Generic ibuprofen tablets and caplets are available.

**What should my health care professional know before I take ibuprofen?** They need to know if you have any of these conditions: •anemia, •asthma, especially aspirin sensitive asthma, •bleeding problems or taking medicines that make you bleed easily such as anticoagulants ('blood thinners'), •cigarette smoker, •coronary artery bypass graft (CABG) surgery within the past 2 weeks, •diabetes, •drink more than 3 alcohol-containing beverages a day, •heart or circulation problems like angina, high blood pressure, heart failure, heart rhythm problems, history of heart attack, history of blood clots, or leg edema (fluid retention), •kidney disease, •liver disease, •stomach or duodenal ulcers, •history of stroke, •systemic lupus erythematosus, •ulcerative colitis, •an unusual or allergic reaction to ibuprofen, aspirin, other salicylates, other NSAIDs, other medicines, foods, dyes or preservatives, •pregnant or trying to get pregnant, •breast-feeding

**How should I take this medicine?** Take ibuprofen tablets or caplets by mouth. Follow the directions on the label. Swallow tablets whole with a full glass of water; take tablets in an upright or sitting position. Taking a sip of water first, before taking the tablets, may help you swallow them. If possible take bedtime doses at least 10 minutes before lying down. Ibuprofen may be taken with food if it upsets your stomach. Take your doses at regular intervals. Do not take your medicine more often or for a longer time than directed.

Contact your pediatrician or health care professional regarding the use of this medicine in children. Special care may be needed.

**What if I miss a dose?** If you miss a dose, take it as soon as you can. If it is almost time for your next dose, take only that dose. Do not take double or extra doses.

**What drug(s) may interact with ibuprofen?** •alcohol, •anti-inflammatory drugs (other NSAIDs, prednisone), •aspirin and aspirin-like medicines, •cidofovir, •cyclosporine, •entecavir, •herbal products that contain feverfew, garlic, ginger, or ginkgo biloba, •lithium, •medicines for high blood pressure, •medicines that affect platelets, •medicines that treat or prevent blood clots such as warfarin and other 'blood thinners', •methotrexate, •pemetrexed, •water pills (diuretics)

Tell your prescriber or health care professional about all other medicines you are taking, including non-prescription medicines. Also tell your prescriber or health care professional if you are a frequent user of drinks with caffeine or alcohol, if you smoke, or if you use illegal drugs. These may affect the way your medicine works. Check with your health care professional before stopping or starting any of your medicines.

**What should I watch for while taking ibuprofen?** Let your prescriber or health care professional know if your pain continues, do not take with other pain-killers without advice. Do not treat yourself for a fever with ibuprofen for more than 3 days, or for pain for more than 10 days without asking your prescriber or health care professional for advice. You may be covering up a more serious illness.

To reduce unpleasant effects on your throat and stomach, take ibuprofen with a full glass of water and never just before lying down. If you notice black, tarry stools or experience severe stomach pain and vomit blood or what looks like coffee grounds, notify your health care prescriber immediately.

If you are taking medicines that affect the clotting of your blood, such as aspirin or blood thinners such as Coumadin®, talk to your health care provider or prescriber before taking this medicine.

You may get dizzy. Do not drive, use machinery, or do anything that needs mental alertness until you know how ibuprofen affects you. Do not sit or stand up quickly, especially if you are an older patient. This reduces the risk of dizzy or fainting spells.

Do not smoke cigarettes or drink alcohol; these may increase the irritation to your stomach when taking this medicine.

It is especially important not to use ibuprofen during the last 3 months of pregnancy unless specifically directed to do so by your health care provider. Ibuprofen may cause problems in the unborn child or complications during delivery.

If you are going to have surgery, tell your prescriber or health care professional that you are taking ibuprofen. Problems can arise if you need dental work, and in the day to day care of your teeth. Try to avoid damage to your teeth and gums when you brush or floss your teeth.

**What side effects may I notice from taking ibuprofen?** Elderly patients are at increased risk for developing side effects.

Side effects that you should report to your prescriber or health care professional as soon as possible:; •signs of bleeding - bruising, pinpoint red spots on the skin, black tarry stools, blood in the urine, unusual tiredness or weakness, •signs of an allergic reaction - difficulty breathing or wheezing, skin rash, redness, blistering or peeling skin, hives, or itching, swelling of eyelids, throat, lips, •blurred vision, •change in the amount of urine passed, •difficulty swallowing, severe heartburn or burning, pain in throat, •pain or difficulty passing urine, •stomach pain or cramps, •swelling of feet or ankles, •vomiting blood or vomit that looks like coffee grounds

Side effects that usually do not require medical attention (report to your prescriber or health care professional if they continue or are bothersome):; •diarrhea, •dizziness, drowsiness, •gas or heartburn, •headache, •nausea, vomiting

**Where can I keep my medicine?** Keep out of the reach of children in a container that small children cannot open. Store at room temperature between 15 and 30 degrees C (59 and 86 degrees F). Keep container tightly closed. Throw away any unused medicine after the expiration date.

CLINICAL PHARMACOLOGY ©2002 GOLD STANDARD MULTIMEDIA INC, ALL RIGHTS RESERVED  
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## REFERRAL(S)

You are being referred to the following physician(s)

**Your primary care doctor (Family Practice)**

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## **WHEN TO FOLLOW-UP**

Follow up with your private physician 2-3 DAYS. If symptoms worsen, return to the Emergency Department.

You should return to the Emergency Department if condition worsens.

June 28, 2013



Our Address: PO BOX 843161  
Los Angeles CA 90084-3161  
Phone: (866) 448-4152  
Office Hours: Monday-Friday 8am - 4:30pm

For on-line information and payment options, please visit  
[www.youraccountcenter.com](http://www.youraccountcenter.com)  
**YourAccountCenter number:**  
**01-1169522**

Dear Clarence Abner:

Please be advised that we have been retained by the below client(s) to collect the above past due balance.

We are a professional collection agency attempting to collect a debt. Any information obtained will be used for that purpose. This communication is from a debt collector.

Unless the consumer, within thirty days after receipt of the notice, disputes the validity of the debt, or any portion thereof, the debt will be assumed to be valid by collector. If the consumer notifies collector in writing within thirty days from receiving this notice that the debt or any portion thereof, is disputed, collector will obtain verification of the debt or a copy of a judgment against consumer and a copy of such verification or judgment will be mailed to consumer by the collector.

Upon the consumer's written request within the thirty day period, collector will provide the consumer with the name and address of the original creditor, if different from the current creditor.

Note: This information is not intended to be a complete list of rights consumers may have under state and federal law.

Acct #	Client	Amount	Int	Fees	Total
2122757	White Rock Radiology Assoc	44.74	0.00	0.00	44.74

Please contact our office at (866) 448-4152, or on the web at [www.youraccountcenter.com](http://www.youraccountcenter.com) to resolve this account.

CDNEMER01C

\*\*\*Detach Lower Portion and Return with Payment\*\*\*



1850 N Central Ave  
Suite 1010  
Phoenix AZ 85004-4527

FILL OUT BELOW FOR CREDIT CARD PAYMENTS.		
		ALL CREDIT CARD TRANSACTIONS WILL BE PROCESSED BY YOURACCOUNTCENTER.COM
CARD NUMBER PLUS 3 DIGIT SECURITY CODE (on back of card)		EXP. DATE /
CARDHOLDER NAME	CARDHOLDER SIGNATURE	AMOUNT \$ _____

Emerald AR Systems, LLC  
PO BOX 843161  
Los Angeles CA 90084-3161



1169522-C1 81190866



Clarence Abner  
6827 Latta Pkwy  
Dallas TX 75227-6043

6/28/13 C# - 01000 D# - 1169522

ACCOUNT #	PATIENT NAME	AMOUNT DUE
1169522	Clarence Abner	44.74

062713 00001169522 00004474 01000 00001169522 0

5021\*97275

02/08/2013

\$44.74

STATE OF TEXAS

PLEASE SEND PAYMENT FOR THE AMOUNT DUE INDICATED. IF YOU HAVE ANY QUESTIONS, PLEASE CALL OUR OFFICE. THANK YOU.

CLARENCE ABNER

THIS FEE IS FOR RADIOLOGY PHYSICIANS WHO INTERPRET TESTS, HELP ESTABLISH A DIAGNOSIS & PERFORM UNIQUE PROCEDURES. THE HOSPITAL SENDS A SEPARATE BILL FOR THE SERVICES OF TECHNICIANS, EQUIPMENT & SUPPLIES. THERE WILL BE A FEE ADDED TO YOUR ACCOUNT ON ALL RETURNED CHECKS.

SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION

Page 1 of 2  
Amount

Date	Doctor	Code	Description	Amount
01/25/2013	JAMES P BLAKELY,MD	72040	X-RAY EXAM OF NECK SPINE	44.74
VISIT # 1	TOTAL		44.74	
VISIT # 1 NO INSURANCE COVERAGE INDICATED FOR THE VISIT SHOWN ABOVE.				
Pay or Access your account: <a href="http://www.peryourhealth.com">www.peryourhealth.com</a> Account Nbr: 5021-97275 Password: JYBCLA				

For questions call, 855/820-5223 and when prompted enter your identification number as follows 5021\*97275

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

WHITE ROCK RADIOLOGY ASSOCIATES, LLP  
P O BOX 1907  
GREENVILLE TX 75403-1907

5021\*97275

CLARENCE ABNER

02/08/2013

\$44.74

Temp-Return Service Requested

TX410\*994\*97275

5021



To make credit card payments:

[www.peryourhealth.com](http://www.peryourhealth.com) (see statement detail for account number and password)

MAKE CHECKS PAYABLE AND REMIT TO:

MED50R.A4AFNE000366.JQDFCA.010401 010347

CLARENCE ABNER  
6927 LATTA PKWY  
DALLAS TX 75227-6043

WHITE ROCK RADIOLOGY ASSOCIATES, LLP  
PO BOX 1907  
GREENVILLE TX 75403-1907

010347

5021\*97275

02/08/2013

PAYMENTS APPLICABLE  
ACCOUNT NUMBER  
SUBMITTER ID NUMBER

\$44.74

10000000

CLARENCE ABNER

PLEASE SEND PAYMENT FOR THE AMOUNT DUE INDICATED. IF YOU  
HAVE ANY QUESTIONS, PLEASE CALL OUR OFFICE. THANK YOU.

Place of Service: DOCTORS HOSP WHITE ROCK E  
Referring Doctor: JEFFREY J LINK MD

MAKE CHECKS PAYABLE TO:  
WHITE ROCK RADIOLOGY ASSOCIATES, LLP  
PO BOX 1907  
GREENVILLE TX 75403-1907  
855/820-5223

SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION

Page 2 of 2

Texas law requires physicians to provide itemized statements for the services we perform to patients when we are not a participating provider with the patient's insurance health plan. Your insurance plan has paid a rate below the cost of our service and/or what is being billed. If you wish to discuss your bill or make arrangements for a payment plan please contact us at the phone number on your statement. You may also file a complaint with the Texas Medical Board about your charges by mail at Customer Information-240, P.O. Box 2018, Austin, TX 78768-2018 or by phone at (800) 248-4062.

If your balance is greater than \$200.00, we are required to offer a payment plan agreement to you. You have 45 days from the date of your first statement to contact us at the phone number on your statement to discuss this process. We will not furnish adverse information to any consumer reporting agency in this 45 day time period.

PLEASE DETACH AND RETURN THE BOTTOM PORTION WITH PAYMENT

WHITE ROCK RADIOLOGY ASSOCIATES, LLP  
P O BOX 1907  
GREENVILLE TX 75403-1907

ACCOUNT NUMBER

5021\*97275

ISSUE DATE

CLARENCE ABNER

STATEMENT DATE

02/08/2013

AMOUNT DUE

\$44.74

Return Service Requested

TX410\*994\*97275

5021

MED50R.A4AFNE000366.JODECA.010402 010347

CLARENCE ABNER

WHITE ROCK RADIOLOGY ASSOCIATES, LLP  
PO BOX 1907  
GREENVILLE TX 75403-1907

5021\*97275

03/26/2013

STATEMENT AFTER TELEPHONE CALLS AND PAYMENTS  
STATEMENT FOR 2013

\$44.74

CLARENCE ABNER

**FINAL NOTICE** - We have sent invoices, however your bill remains unpaid. If we do not receive payment or you do not contact us within 30 days of this notice, we may place your account with an outside collection agency.

THIS FEE IS FOR RADIOLOGY PHYSICIANS WHO INTERPRET TESTS, HELP ESTABLISH A DIAGNOSIS & PERFORM UNIQUE PROCEDURES. THE HOSPITAL SENDS A SEPARATE BILL FOR THE SERVICES OF TECHNICIANS, EQUIPMENT & SUPPLIES. THERE WILL BE A FEE ADDED TO YOUR ACCOUNT ON ALL RETURNED CHECKS.

SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION

Page 1 of 2

Date	Doctor	Code	Description	Amount
01/25/2013	JAMES P BLAKELY,MD	72040	X-RAY EXAM OF NECK SPINE	44.74
VISIT # 1	TOTAL-----		44.74	

VISIT # 1 NO INSURANCE COVERAGE INDICATED FOR THE VISIT SHOWN ABOVE.  
Pay or Access account at <http://www.PerYourHealth.com> ID:5021-97275 Access Key:JYBCLA

For questions call, 855/820-5223 and when prompted enter your identification number as follows 5021\*97275

PLEASE DETACH AND RETURN THE BOTTOM PORTION WITH PAYMENT

WHITE ROCK RADIOLOGY ASSOCIATES, LLP  
P O BOX 1907  
GREENVILLE TX 75403-1907

ACCOUNT NUMBER  
5021\*97275

PAYEE NAME  
CLARENCE ABNER

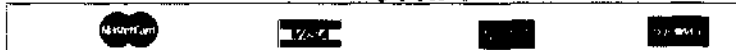
STATEMENT DATE  
03/26/2013

AMOUNT DUE  
\$44.74

Temp-Return Service Requested

TX410\*994\*97275

5021



To make credit card payments:  
[www.peryourhealth.com](http://www.peryourhealth.com) (see statement detail for account number and password)

MED50R.A4BIU3000929.JODRIT.036663 035899

MAKE CHECKS PAYABLE AND REMIT TO:

CLARENCE ABNER  
6827 LATA PKWY  
DALLAS TX 75227-6043

WHITE ROCK RADIOLOGY ASSOCIATES, LLP  
PO BOX 1907  
GREENVILLE TX 75403-1907

5021\*97275

03/26/2013

\$44.74

PATIENT NAME

CLARENCE ABNER

FINAL NOTICE - We have sent invoices, however your bill remains unpaid. If we do not receive payment or you do not contact us within 30 days of this notice, we may place your account with an outside collection agency.

Place of Service: DOCTORS HOSP WHITE ROCK E  
Referring Doctor: JEFFREY J LINK MD

MAKE CHECKS PAYABLE TO:  
WHITE ROCK RADIOLOGY ASSOCIATES, LLP  
PO BOX 1907  
GREENVILLE TX 75403-1907  
855/820-5223

SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION

Texas law requires physicians to provide itemized statements for the services we perform to patients when we are not a participating provider with the patient's insurance health plan. Your insurance plan has paid a rate below the cost of our service and/or what is being billed. If you wish to discuss your bill or make arrangements for a payment plan please contact us at the phone number on your statement. You may also file a complaint with the Texas Medical Board about your charges by mail at Customer Information-240, P.O. Box 2018, Austin, TX 78768-2018 or by phone at (800) 248-4062.

If your balance is greater than \$200.00, we are required to offer a payment plan agreement to you. You have 45 days from the date of your first statement to contact us at the phone number on your statement to discuss this process. We will not furnish adverse information to any consumer reporting agency in this 45 day time period.

PLEASE DETACH AND RETURN THE BOTTOM PORTION WITH PAYMENT

WHITE ROCK RADIOLOGY ASSOCIATES, LLP  
P O BOX 1907  
GREENVILLE TX 75403-1907

ACCOUNT NUMBER  
5021\*97275

PATIENT NAME  
CLARENCE ABNER

STATEMENT DATE  
03/26/2013

AMOUNT DUE  
\$44.74

Return Service Requested

TX410\*994\*97275

5021

CLARENCE ABNER

WHITE ROCK RADIOLOGY ASSOCIATES, LLP  
PO BOX 1907  
GREENVILLE TX 75403-1907

January 30, 2013

**CLARENCE ABNER**

Patient Reference Number: 007936281  
Hospital Code: 123  
Payment Due Date: Due Upon Receipt

Date(s) of Service: 01/25/2013 - 01/25/2013  
Message ID: PFSSTM2T

**CHANGE SERVICE REQUESTED**  
#BWNHDKX  
#1831170006650018#

CLARENCE ABNER  
6827 LATTA PKWY  
DALLAS, TX 75227-6043

**Thank you for choosing Doctors Hospital at White Rock Lake**

**Account Summary**

Total Charges .....\$1,200.77  
Adjustments .....\$900.77  
Paid by Insurance .....\$0.00  
Already Paid by Patient .....\$0.00  
  
**Amount you owe now .....\$300.00**

**Page 1**

- Account Summary
- Payment Stub
- Phone Number

**Page 2**

- Important Information
- Payment Options
- How to Reach Us
- Changes to Personal Information

**Page 3**

- Understanding Your Statement
- Statement Details

Detach and return bottom portion with payment. Please make checks or money orders payable in U.S. funds to Doctors Hospital at White Rock Lake and include your patient reference number.

January 30, 2013 33350  
**CLARENCE ABNER**  
  
Patient Reference Number: 007936281  
Payment Due Date: Due Upon Receipt  
  
Date(s) of Service: 01/25/2013 - 01/25/2013  
  
Phone: Doctors Hospital at White Rock Lake (se habla Español)  
Customer Service 800-346-0775  
Monday - Friday 8:30am to 5:00pm

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW

MASTERCARD  DISCOVER  VISA  AMERICAN EXPRESS

CARD NUMBER: \_\_\_\_\_ EXP DATE (e.g. 11/09): \_\_\_\_\_

CARDHOLDER SIGNATURE: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_

CARDHOLDER NAME (please print): \_\_\_\_\_ CARDHOLDER PHONE #: \_\_\_\_\_

**DUE DATE**  
Due Upon Receipt

**AMOUNT YOU OWE**  
**\$300.00**

**REMIT PAYMENT TO:**

Q0381065 183117000665001 33350\*TPD0EHJUM000040

**AMOUNT AUTHORIZED / ENCLOSED \$** \_\_\_\_\_

DOCTORS HOSPITAL AT WHITE ROCK LAKE  
P.O. BOX #849941  
DALLAS, TX 75284-9941

0849941 007936281 000030000 2



004131 0102

**Understanding Your Statement...**

- A** The services you received during your stay at the Hospital
- B** Total dollar amount charged by the Hospital for services delivered
- C** Total statement charges on your account
- D** The dollar amount reduced due to an insurance contractual adjustment or other discount
- E** The amount paid by one or more insurance companies to the Hospital on behalf of the patient
- F** The amount already paid to the Hospital by the patient or their guarantor
- G** The amount due from the patient as indicated on the provider bill or statement

653043

A	B
Dates of Activity	Charges
01/25/2013 - 01/25/2013	\$441.80
01/25/2013 - 01/25/2013	\$122.88
01/25/2013 - 01/25/2013	\$636.09

<b>C</b>	<b>Total Charges</b>	<b>\$1,200.77</b>
<b>D</b>	<b>Account Adjustments</b>	<b>\$900.77</b>
<b>E</b>	<b>Paid by Insurance</b>	<b>\$0.00</b>
<b>F</b>	<b>Paid by Patient</b>	<b>\$0.00</b>
<b>G</b>	<b>Remaining Balance</b>	<b>\$300.00</b>

**Thank you for choosing  
Doctors Hospital at White Rock Lake!**

**Amount you owe now .....\$300.00**

000001748-A







**Doctors Hospital at White Rock Lake**  
 BOX 830913 (Use mail address below)  
 Birmingham, AL 35283-0913

April 04, 2013

**CLARENCE ABNER**

Facility: Doctors Hospital at White Rock Lake

Patient Reference Number: 007936281  
 Date(s) of Service: 01/25/2013 - 01/25/2013  
 Hospital Code: 123  
 Message ID: EQ2  
 Payment Due Date: 04/14/2013

**Account Summary**

Total Charges	\$1,200.77
Adjustments	\$900.77
Paid by Insurance	\$0.00
Already Paid by Patient	\$0.00
<b>Amount Owed</b>	<b>\$300.00</b>

**CUST SVC M-F 8:30AM-5:00PM 800-346-0775**  
**OUTSIDE US/CANADA 866-827-4774**

CHANGE SERVICE REQUESTED  
 #BWNHDKX  
 #1500721650070026#



CLARENCE ABNER  
 6827 LATTA PKWY  
 DALLAS, TX 75227-6043

**IMPORTANT INFORMATION**

Despite our previous attempts to contact you there remains an unpaid balance on your account. At the time services were rendered, you became responsible for all costs associated with your treatment. Please return payment in full along with the perforated payment slip below in the provided return envelope. Payment of the amount owed may be in the form of a personal check, money order or any of the credit/debit cards listed on the payment slip. To have your account credited more quickly, call the number listed above and give a representative in our business office your account number and credit/debit card information.

If you are unable to pay the balance in full, please call our office at the number listed above to discuss alternate arrangements for payment. Any of our representatives will be able to assist you with payment or other account questions. Hesitating to resolve this debt may result in your account being referred to a collection agency.

If payment has already been made, please disregard this notice.

We look forward to hearing from you or receiving your payment within 10 days from the date of this letter.

**Continued on reverse... ▶▶▶**

Detach and return bottom portion with payment. Please make checks or money orders payable in U.S. funds to Doctors Hospital at White Rock Lake and include your patient reference number.



April 04, 2013

**CLARENCE ABNER**

33350

Patient Reference Number: 007936281  
 Payment Due Date: 04/14/2013

Date(s) of Service: 01/25/2013 - 01/25/2013

**Phone: Doctors Hospital at White Rock Lake (se habla Español)**  
 CUST SVC M-F 8:30AM-5:00PM 800-346-0775  
 OUTSIDE US/CANADA 866-827-4774  
 PAY-BY-PHONE 7 DAYS 800-346-0775 OPT #4

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.

MASTERCARD  DISCOVER  VISA  AMERICAN EXPRESS

CARD NUMBER: \_\_\_\_\_ EXP. DATE (e.g. 11-09): \_\_\_\_\_

CARDHOLDER SIGNATURE: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_

CARDHOLDER NAME (please print): \_\_\_\_\_ CARDHOLDER PHONE #: \_\_\_\_\_

<b>DUE DATE</b> 04/14/2013	<b>AMOUNT YOU OWE</b> <b>\$300.00</b>
-------------------------------	------------------------------------------

**REMIT PAYMENT TO:**

**DOCTORS HOSPITAL AT WHITE ROCK LAKE**  
 P.O. BOX #849941  
 DALLAS, TX 75284-9941

AMOUNT AUTHORIZED / ENCLOSED \$ \_\_\_\_\_

0849941 007936281 000030000 2