



HEALTHTEXAS

PROVIDER NETWORK

An Affiliate of Baylor Health Care System

3434 SWISS AVENUE
#201 DALLAS TX 75204-6290



Patient Statement

Thank you for choosing HealthTexas Provider Network. A billing statement is generated for each visit, so you may receive statements with a current balance as well as past due notices for any past due balances. If you have questions regarding your balance, are unable to pay your balance in full or need information related to financial assistance, please contact our billing office.

Account Information

Account Number: 950248
Statement Date: 05/16/13
Due Date: upon receipt

Amount Due: \$80.00

Important Message:

We are changing billing systems to better serve you. You may receive 2 statements from us during this transition period. To ensure your payment is applied correctly, please remit your payment with the appropriate billing statement. Thank you.

Date	Description	Provider	Patient	Charges & Adjustments	Balance
03/04/13	OFC/OUTPT VISIT E&M EST L	CHRISTENSEN	ROBERT	105.00	
	AMOUNT APPLIED TO DEDUCTIBLE				\$40.00
03/22/13	UNITED HEALTHCARE PAYMEN			-29.69	
03/22/13	UNITED HEALTHCARE ADJ			-35.31	
	Patient Total				40.00
04/05/13	OFC/OUTPT VISIT E&M EST L	CHRISTENSEN	ROBERT	105.00	
	AMOUNT TO BE PAID BY CO INS				\$40.00
05/03/13	UNITED HEALTHCARE PAYMEN			-29.69	
05/03/13	UNITED HEALTHCARE ADJ			-35.31	
	Patient Total				40.00

Total Patient Balance: \$80.00

FOR PAYMENT AND BILLING QUESTIONS

Phone: 214-828-5000

Business Hours: Monday - Friday, 7:30 am - 4:30 pm, CST

Fax: 214-828-5080

IF PAYING BY MAIL, PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT.

MEDPROVIDER
3434 SWISS AVENUE
#201
DALLAS TX 75204-6290



Circle card you wish to use for payment		VISA	MasterCard	MC	DISC	AMEX
Card Number		Expiration Date				
Name On Card		Signature		Security Code		

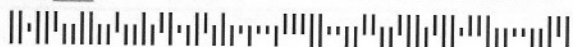
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☐ Please check box if address is incorrect or insurance information has changed, and indicate change(s) on the back of this form.

PLEASE WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK

AMOUNT PAID \$

MAKE CHECKS PAYABLE TO AND MAIL TO:



MEDPROVIDER
3434 SWISS AVE STE 201
DALLAS, TX 75204-6290



01-V 20130517 PSH1 S 05843



ROBERT PLOCK
6827 LATTI PKWY
DALLAS TX 75227-6043

