

Payment Plan Receipt**SELECT PAIN PROCEDURE CENTERS****SWISS AVENUE SURGICENTER, L.P.**

7920 Beltline Road, Ste 940,

Dallas, TX 75254

Ph# 972 234 4740 :: Fax# 972-231-7095

Date: 05/29/2013 Time: 11:51 AM EDT

Patient Account Number: 101011

Patient Name: ROBERT PLOCK

Dates of Service Provided: 05/29/2013 - 05/29/2013

Invoice Date: 05/29/2013

Cardholder Name: ROBERT PLOCK

Payment Date	Payment Amount	Remaining Balance
		\$250.00
06/03/2013	\$250.00	\$0.00

THANK YOU FOR YOUR PAYMENT

Authorization

I hereby authorize the electronic withdrawal of funds from my account in the increments specified above on each Payment's Due Date.

Signature: _____