

**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: 12:00 PM 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	Payment Remaining Balance
		\$918.30
07/06/2013	\$100.00	\$818.30
08/06/2013	\$100.00	\$718.30
09/06/2013	\$100.00	\$618.30
10/06/2013	\$100.00	\$518.30
11/06/2013	\$100.00	\$418.30
12/06/2013	\$100.00	\$318.30
01/06/2014	\$100.00	\$218.30
02/06/2014	\$100.00	\$118.30
03/06/2014	\$100.00	\$18.30
04/06/2014	\$18.30	\$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: \_\_\_\_\_