

HEALTHTEXAS MEDPROVIDER  
3434 SWISS AVE STE 201  
DALLAS TX 75204



ADDRESS SERVICE REQUESTED

SHOW AMOUNT  
PAID HERE

\$ \_\_\_\_\_

(214) 828-5000  
OFFICE PHONE NUMBER

05/17/13  
CLOSING DATE

7235396  
YOUR ACCOUNT NUMBER

01  
PAGE NO.

80.00  
PATIENT BALANCE

>04123 2454376 001 092096  
ROBERT PLOCK  
6827 LATTA PKWY  
DALLAS TX 75227-6043

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

NOTE: Charges and payments not appearing on this  
statement will appear on next month's statement.

PLEASE RETURN THIS PORTION WITH PAYMENT

CHARGES APPEARING ON THIS STATEMENT ARE NOT INCLUDED ON ANY HOSPITAL BILL OR STATEMENT

DATE	PROVIDER NAME	EXPLANATION OF ACTIVITY	PATIENT NAME	CHARGES AND DEBITS	PAYMENTS AND CREDITS
112712	CHRISTENSEN M	CT HEAD/BRAIN;WO CONTRAST	R PLOCK	657.00	
120112		UMR # 3407172 Filed			
121712		PMT UMR	c# 34071721		-288.68
121712		Co-ins 40.00			
121712		W/O UMR	c# 34071721		-328.32
013013	CHRISTENSEN M	OFFICE OUTPATIENT VISIT EST	R PLOCK	170.00	
020513		UMR # 3478206 Filed			
030713		PMT UMR	c# 34782061		-68.72
030713		Deductible 40.00			
030713		W/O UMR	c# 34782061		-61.28
020813	CHRISTENSEN M	XRAY EXAM NECK AND SPINE	R PLOCK	80.00	
021313		UMR # 3493080 Filed			

It is our policy that payment be made on your  
account every 30 days. Thank you.

STATEMENT CLOSING DATE: 05/17/13	PLEASE INDICATE YOUR ACCOUNT NUMBER WHEN CALLING OUR OFFICE:				7235396
CURRENT	30-60 DAYS	60-90 DAYS	> 90 DAYS	TOTAL	INS PENDING
				160.00	160.00
					80.00
					80.00

SEND INQUIRIES TO:

HEALTHTEXAS MEDPROVIDER  
3434 SWISS AVE STE 201  
DALLAS TX 75204  
IRS #: 75 2600832

(214) 828-5000

Please use the enclosed  
envelope for your payment. For  
billing information, call our  
office at 214-828-5000.