

STATEMENT

HEALTHTEXAS MEDPROVIDER
3434 SWISS AVE STE 201
DALLAS TX 75204



ADDRESS SERVICE REQUESTED

SHOW AMOUNT
PAID HERE

\$ _____

(214) 828-5000
OFFICE PHONE NUMBER

01/24/13
CLOSING DATE

7235396
YOUR ACCOUNT NUMBER

01
PAGE NO.

40.00
PATIENT BALANCE

>03842 2305568 001 092096
ROBERT A 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

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

STATEMENT CLOSING DATE: 01/24/13 PLEASE INDICATE YOUR ACCOUNT NUMBER WHEN CALLING OUR OFFICE: 7235396

CURRENT	30-60 DAYS	60-90 DAYS	> 90 DAYS	TOTAL	INS PENDING	PATIENT BALANCE PAY THIS AMOUNT
40.00				40.00	0.00	40.00

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
214-828-5000. Thank you.

03842 2305568 003843 003843 00001/00001 920966904

92096S11010