

BAYLOR MEDICAL CENTER AT UPTOWN
P.O. BOX 844778
DALLAS, TX 78284-4778



006324 0101

RETURN SERVICE REQUESTED

FOR BILLING INQUIRIES: (214) 443-3000
PAGE: 1 of 1

32491-3WV1

IF PAYING BY CREDIT CARD, PLEASE CHECK BOX FOR SELECTION AND FILL OUT BELOW.

☐

MasterCard

☐

DISCOVER

☐

VISA

☐

AMERICAN EXPRESS

☐

CARE CREDIT

CARD NUMBER

SIGNATURE CODE

SIGNATURE

EXP. DATE

STATEMENT DATE

PAY THIS AMOUNT

ACCT. #

05/30/2014

1045.44

500192100

DUE DATE: 06/19/2014

SHOW AMOUNT PAID HERE \$

604192 (PC1)

ADDRESSEE:
ROBERT PLOCK
6827 LATTA PKWY
DALLAS, TX 75227-6043

REMIT TO:
BAYLOR MEDICAL CENTER AT UPTOWN
P.O. BOX 844778
DALLAS, TX 78284-4778

32491-3WV1*T2W09O1AG000040

Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	DESCRIPTION	CHARGES	PAYMENTS/ ADJUSTMENTS	PATIENT BALANCE	STATUS
05/10/2014	PATIENT NAME = ROBERT PLOCK BALANCE FORWARD VISIT TOTAL	1045.44		1045.44	
TOTAL BALANCE		1045.44	INSURANCE BALANCE	0.00	PATIENT BALANCE 1045.44
STATUS:					
ACCOUNT 500192100			PAY THIS AMOUNT 1045.44		



000008962-A

000003158-A