

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

32491-3WV1

RETURN SERVICE REQUESTED

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

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

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

<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> CARE CREDIT
CARD NUMBER			SIGNATURE CODE	
SIGNATURE			EXP. DATE	
STATEMENT DATE		PAY THIS AMOUNT		STATEMENT #
08/18/2014		1045.44		500247886
DUE DATE: 09/07/2014			SHOW AMOUNT PAID HERE \$	

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

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STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

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

DATE	DESCRIPTION	CHARGES	PAYMENTS/ ADJUSTMENTS	PATIENT BALANCE	STATUS
07/29/2014	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:					
MRN	308392	PAY THIS AMOUNT		1045.44	

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