

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



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.				
<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	ACCT. #		
03/11/2014	1045.44	500139724		
DUE DATE: 03/31/2014		SHOW AMOUNT PAID HERE \$		

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

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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
02/19/2014	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 # 500139724			PAY THIS AMOUNT 1045.44		

