

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



005566 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.

<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 #		
07/29/2014	1045.44	500233181		
DUE DATE: 08/18/2014		SHOW AMOUNT PAID HERE \$		

604192A (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*T4K09XOFT000048

☐ 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	
07/09/2014	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			PAY THIS AMOUNT			
308392			1045.44			

