

DATE	DESCRIPTION OF SERVICE	AMOUNT	PAYMENTS/ ADJUSTMENTS
09/26/2013	4051737 FOR ROBERT WITH CHAE-KIM MD, SANG		
09/26/2013	00670 - SPINE CD SURG	4,521.00	
11/05/2013	Adjustment		-1,381.80
11/05/2013	Payment		-2,197.44
	<b>Total Amount Due</b>		941.76

**Out-of-Network Services-** If you received services from a physician who is not in your health benefit plan or network, you are responsible for the remaining balance due (i.e. your plan or network has paid a rate below the physician's billed fee for services).

If you (a) finalize a payment plan agreement within 45 days of receiving your first billing statement for a remaining balance greater than \$200 over any applicable copayments and deductibles, and (b) comply substantially with the payment plan agreement, we will not furnish adverse information to a consumer reporting agency.

Complaints may be filed with the Texas Medical Board, Investigations Department, MC-263, P.O. Box 2018, Austin, TX 78768-2018 or by calling the complaint hotline at (800)201-9353.

### Changes to Personal Information

### IMPORTANT! Information Updates

If your address or insurance information is incorrect, please indicate change(s) below, and mail back in the provided envelope.

**Any correspondence in relation to a billing dispute must be sent to:**

PINNACLE ANESTHESIA CONSULTANTS \* 13737 NOEL RD., STE. 1400 \* DALLAS TX 75240

### Your Updated Mailing Address

Q0443536 38301100031

MAILING ADDRESS		APT #	CITY
STATE	ZIP CODE	TELEPHONE #	CELL # (OPTIONAL)

### Your Updated Insurance Information

PATIENT NAME <b>ROBERT PLOCK</b>		PATIENT REFERENCE # <b>2341966</b>	
INSURANCE COMPANY NAME			
INSURED'S NAME (If not patient)	EFFECTIVE DATE	INSURANCE ID #	GROUP # PLAN #
RELATIONSHIP OF PATIENT TO INSURED <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEP. CHILD <input type="checkbox"/> OTHER	INSURED'S PHONE #	INSURED'S CELL # (OPTIONAL)	
INSURED'S EMPLOYER'S NAME		EMPLOYER'S PHONE NUMBER #	
INSURED'S DATE OF BIRTH	OTHER INFORMATION		