





**Pinnacle
Pain Medicine**

Patient Name: ROBERT PLOCK
ADDRESSEE:

022070022

ROBERT PLOCK
6827 LATTA PKWY
DALLAS, TX 75227-6043

We gladly accept (please mark box).		
       		
NAME ON CARD	SECURITY CODE	
CARD NUMBER	EXP. DATE	
SIGNATURE	AMOUNT PAID	
ACCOUNT # 2341966	BILLING DATE 07/01/14	BALANCE DUE NOW 1741.54

ANY PAYMENTS AND CHARGES AFTER THE ABOVE DATE WILL APPEAR ON THE NEXT STATEMENT

REMIT TO:

PINNACLE ANESTHESIA CONS.
PO BOX 650426
DALLAS, TX 75265-0426

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

TO ENSURE PROPER CREDIT, DETACH AND
RETURN TOP PORTION WITH YOUR PAYMENT.

Thank you for choosing Pinnacle Pain Medicine for your healthcare needs. Your insurance company has processed your claim and the balance is now your responsibility. The outstanding balance is now due. Please pay this amount in full today. If you have questions, please call our Billing Office at (972) 663-8520.

Date	Provider	Description	Charge	Pay/Adj	Balance
08/07/13	HYDE	01936 /5 PERC IMG GUID S	\$822.00		
09/10/13		UHC PMT		\$383.04	
		COINSURANCE AMOUNT			
09/10/13		HMO/PPO ADJ		\$274.80	
		PATIENT BALANCE DUE			\$164.16

Patient Name	ROBERT PLOCK	
Account Number	2341966	
Statement Date	07/01/14	
Total Charges		\$17675.00
Insurance Payments	(-)	\$1730.24
Insurance Adjustments	(-)	\$14203.22
Patient Payments	(-)	\$0.00
Patient Adjustments	(-)	\$0.00
Insurance Pending		\$0.00
Patient Balance		\$1741.54

PLEASE PAY THIS AMOUNT: **\$1741.54**

Primary	
Name	UMR
Member / ID Number	XXXXXXXX10892
Secondary	
Name	
Member / ID Number	

CONTACT US:

Totals: \$17675.00 \$15933.46 \$1741.54

For billing questions or an itemized list of charges, please call us at 972-663-8520. Our office hours are 8:30 A.M. through 5:00 P.M., Monday – Friday. Please see the back side of this statement for more information.

Written communication regarding any disputed bill, including an instrument tendered as full satisfaction of the bill, must be sent to:
13601 PRESTON ROAD, SUITE 1000W, DALLAS TX 75240 ATTN: ACCOUNT DISPUTE RESOLUTION