

Pinnacle
Pain Medicine

Patient Name: ROBERT PLOCK
ADDRESSEE:


ROBERT PLOCK
 6827 LATTA PKWY
 DALLAS, TX 75227-6043

02354001

We gladly accept (please mark box).		
 	 	 
		 
NAME ON CARD		SECURITY CODE
CARD NUMBER		EXP. DATE
SIGNATURE		AMOUNT PAID
ACCOUNT # 2341966	BILLING DATE 05/01/14	BALANCE DUE NOW CONTINUED

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

STATEMENT

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.

ACCOUNT SUMMARY:

Date	Provider	Description	Charge	Pay/Adj	Balance
05/29/13	RACZ	64483 / NJX STR TFR E LMB	\$5024.00		
06/25/13		UHC PMT		\$0.00	
		DEDUCTIBLE AMOUNT			
06/25/13		HMO/PPO ADJ		\$4458.74	
		PATIENT BALANCE DUE			\$565.26
05/29/13	ZACEK	01936 /5 PERC IMG GUID S	\$959.00		
07/09/13		UHC PMT		\$159.36	
		DEDUCTIBLE AMOUNT			
		COINSURANCE AMOUNT			
07/09/13		HMO/PPO ADJ		\$296.60	
		PATIENT BALANCE DUE			\$503.04
07/03/13	RACZ	64483 / NJX STR TFR E LMB	\$5024.00		
07/29/13		UHC PMT		\$395.68	
		COINSURANCE AMOUNT			
07/29/13		HMO/PPO ADJ		\$4458.74	
		PATIENT BALANCE DUE			\$169.58
07/03/13	ZACEK	01936 /5 PERC IMG GUID S	\$822.00		
08/21/13		UHC PMT		\$396.48	
		COINSURANCE AMOUNT			
08/21/13		HMO/PPO ADJ		\$255.60	
		PATIENT BALANCE DUE			\$169.92
08/07/13	RACZ	64483 / NJX STR TFR E LMB	\$5024.00		
09/04/13		UHC PMT		\$395.68	
		COINSURANCE AMOUNT			
09/04/13		HMO/PPO ADJ		\$4458.74	
		PATIENT BALANCE DUE			\$169.58

CONTACT US

CONTINUED on next page...

CONTACT US:

Patient Name
Account Number
Statement Date

Total Charges	
Insurance Payments	(-)
Insurance Adjustments	(-)
Patient Payments	(-)
Patient Adjustments	(-)

Insurance Pending
Patient Balance

PLEASE PAY THIS AMOUNT:

CURRENT INSURANCE INFORMATION:

Primary
Name
Member / ID Number

Secondary
Name
Member / ID Number

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