

MAKE CHECKS PAYABLE TO:



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

Patient Name: ROBERT PLOCK
ADDRESSEE:

RETURN SERVICE REQUESTED 9 1

02060001

ROBERT PLOCK
6827 LATTA PKWY
DALLAS, TX 75227-6043

We gladly accept (please mark box).		
<input checked="" type="checkbox"/> DISCOVER	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA
NAME ON CARD		SECURITY CODE
CARD NUMBER		EXP. DATE
SIGNATURE		AMOUNT PAID
ACCOUNT #	BILLING DATE	BALANCE DUE NOW
2341966	03/04/14	CONTINUED

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

REMIT TO:

02060001
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.

STATEMENT

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.

ACCOUNT ACTIVITY:

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

CONTINUED on next page...

ACCOUNT SUMMARY:

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

CONTACT US:

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