

**MAKE CHECKS PAYABLE TO:**



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

Patient Name: ROBERT PLOCK  
ADDRESSEE:

RETURN SERVICE REQUESTED 5 1

ROBERT PLOCK  
6827 LATTA PKWY  
DALLAS, TX 75227-6043

We gladly accept (please mark box).		
DISCOVER <input type="checkbox"/>	MasterCard <input type="checkbox"/>	VISA <input type="checkbox"/>
NAME ON CARD		SECURITY CODE
CARD NUMBER		EXP. DATE
SIGNATURE		AMOUNT PAID
ACCOUNT #	BILLING DATE	BALANCE DUE NOW
2341966	02/03/14	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

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

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**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