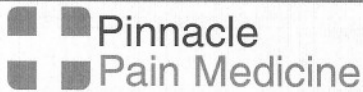


MAKE CHECKS PAYABLE TO:



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

☐ 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
08/07/13	HYDE	01936 /5 PERC IMG GUID S	\$822.00		
09/10/13		UHC PMT		\$383.04	
09/10/13		COINSURANCE AMOUNT			
09/10/13		HMO/PPO ADJ		\$274.80	
		PATIENT BALANCE DUE			\$164.16

ACCOUNT SUMMARY:

Patient Name	ROBERT PLOCK
Account Number	2341966
Statement Date	01/02/14
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

CURRENT INSURANCE INFORMATION:

Primary

Name UMR
Member / ID Number XXXXXXXX10892

Secondary

Name
Member / ID Number

Totals: \$17675.00 \$15933.46 \$1741.54

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