



**Pinnacle**  
Pain Medicine

Patient Name: ROBERT PLOCK

RETURN SERVICE REQUESTED 6 1

**ROBERT PLOCK**  
6827 LATTA PKWY  
DALLAS, TX 75227-6043

## 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.

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	PATIENT BALANCE DUE 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	PATIENT BALANCE DUE 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	PATIENT BALANCE DUE 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	PATIENT BALANCE DUE 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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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**