

**MAKE CHECKS PAYABLE TO:**

**RESPONSIBLE PARTY NAME:**

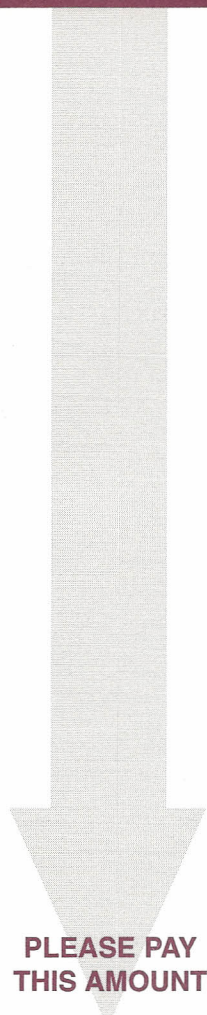
| STATEMENT DATE | ACCOUNT NUMBER | AMOUNT ENCLOSED |
|----------------|----------------|-----------------|
|                |                |                 |

IF YOU PREFER TO PAY BY CREDIT CARD, PLEASE FURNISH THE FOLLOWING:

NAME: \_\_\_\_\_  
 VISA       MASTERCARD   
 CARD #: \_\_\_\_\_  
 EXPIRATION DATE: \_\_\_\_\_ SEC. CODE # \_\_\_\_\_  
 AUTH. SIGNATURE: \_\_\_\_\_

**DETACH HERE AND RETURN TOP PORTION WITH PAYMENT**

| DATE | PATIENT | DESCRIPTION | TOTAL AMOUNT | ANTICIPATED INSURANCE | PATIENT PORTION |
|------|---------|-------------|--------------|-----------------------|-----------------|
|      |         |             |              |                       |                 |



**INSURANCE BALANCE** ▶

**PLEASE PAY THIS AMOUNT**

| OVER 30 DAYS | OVER 60 DAYS | OVER 90 DAYS | OVER 120 DAYS | STATEMENT DATE |
|--------------|--------------|--------------|---------------|----------------|
|              |              |              |               |                |

| ACCOUNT NUMBER |
|----------------|
|                |

PAST DUE BALANCES