

MAKE CHECKS PAYABLE TO:

RESPONSIBLE PARTY NAME:

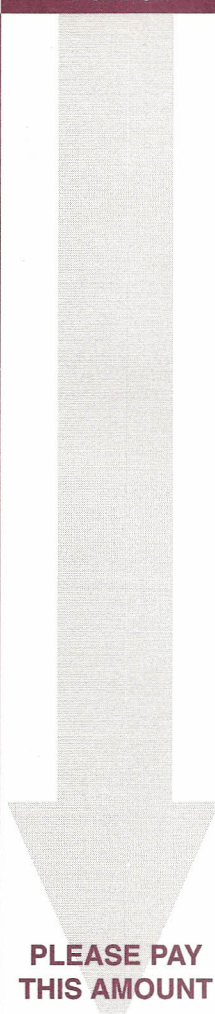
STATEMENT DATE ACCOUNT NUMBER AMOUNT ENCLOSED

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

NAME: _____
VISA MASTERCARD DISCOVER
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