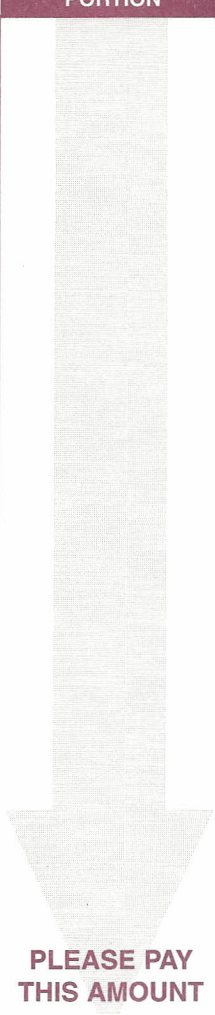


MAKE CHECKS PAYABLE TO:

STATEMENT DATE	ACCOUNT NUMBER	AMOUNT ENCLOSED

RESPONSIBLE PARTY NAME:

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