

STATEMENT

HEALTHTEXAS MEDPROVIDER
3434 SWISS AVE STE 201
DALLAS TX 75204

ADDRESS SERVICE REQUESTED



SHOW AMOUNT
PAID HERE

\$

(214) 828-5000

03/29/13

7235396

01

80.00

OFFICE PHONE NUMBER

CLOSING DATE

YOUR ACCOUNT NUMBER

PAGE NO.

PATIENT BALANCE

>00582 2383509 001 092096
ROBERT PLOCK
6827 LATTA PKWY
DALLAS TX 75227-6043

HEALTHTEXAS MEDPROVIDER
3434 SWISS AVE STE 201
DALLAS TX 75204-6290

NOTE: Charges and payments not appearing on this
statement will appear on next month's statement.

PLEASE RETURN THIS PORTION WITH PAYMENT

CHARGES APPEARING ON THIS STATEMENT ARE NOT INCLUDED ON ANY HOSPITAL BILL OR STATEMENT

DATE	PROVIDER NAME	EXPLANATION OF ACTIVITY	PATIENT NAME	CHARGES AND DEBITS	PAYMENTS AND CREDITS
112712	CHRISTENSEN M	CT HEAD/BRAIN;WO CONTRAST	R PLOCK	657.00	
120112		UMR # 3407172 Filed			
121712		PMT UMR c# 34071721			-288.68
121712		Co-ins 40.00			
121712		W/O UMR c# 34071721			-328.32
013013	CHRISTENSEN M	OFFICE OUTPATIENT VISIT EST	R PLOCK	170.00	
020513		UMR # 3478206 Filed			
030713		PMT UMR c# 34782061			-68.72
030713		Deductible 40.00			
030713		W/O UMR c# 34782061			-61.28
020813	CHRISTENSEN M	XRAY EXAM NECK AND SPINE	R PLOCK	80.00	
021313		UMR # 3493080 Filed			
		INSURANCE PAYMENTS RECEIVED SINCE 02/27/13	137.44		

It is our policy that payment be made on your
account every 30 days. Thank you.

STATEMENT CLOSING DATE: 03/29/13 PLEASE INDICATE YOUR ACCOUNT NUMBER WHEN CALLING OUR OFFICE: 7235396

CURRENT	30-60 DAYS	60-90 DAYS	> 90 DAYS	TOTAL	INS PENDING	PATIENT BALANCE PAY THIS AMOUNT
120.00			40.00	160.00	80.00	80.00

SEND INQUIRIES TO:

HEALTHTEXAS MEDPROVIDER
3434 SWISS AVE STE 201
DALLAS TX 75204
IRS #: 75 2600832

(214) 828-5000

Please use the enclosed
envelope for your payment. For
billing information call
214-828-5000. Thank you.