

HEALTHTEXAS MEDPROVIDER
3434 SWISS AVE STE 201
DALLAS TX 75204

ADDRESS SERVICE REQUESTED



SHOW AMOUNT
PAID HERE

\$ _____

(214) 828-5000
OFFICE PHONE NUMBER

09/30/13
CLOSING DATE

7235396
YOUR ACCOUNT NUMBER

01
PAGE NO.

80.00
PATIENT BALANCE

>07149 2607802 001 092096
ROBERT PLOCK
6827 LATTI 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

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			

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

STATEMENT CLOSING DATE: 09/30/13 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
			160.00	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.

William Christensen, M.D.
Internal Medicine and Diagnosis

MedProvider

A Baylor-HealthTexas Affiliate

3434 Swiss Ave.
Suite 206
Dallas, Texas 75204
(214) 828-5775
(214) 828-5777 Fax
www.medprovider.com

MEDPROVIDER
3434 SWISS AVENUE, #207
DALLAS, TX 75204
#207
214-828-5775

Sale

ID: 71426774
09/16/13
Batch #: 290

Ref #: 0027
16:11:04

MAST

*****4413

Appr Code: 333589

Invoice#: 014667

GUEST: 50248

Total:

\$ 40.00

Customer Copy
THANK YOU!

MedProvider

3434 Swiss Ave. Suite 320, Dallas, TX 75204
 (214) 828-5050 Fax: (214) 828-5051

09/16/2013 04:10 PM

Page 1 of 4
 Super Bill

Patient Information:

Patient: **PLOCK, ROBERT A**
 Address: **6827 LATTA PARKWAY**
DALLAS, TX 75227
 Home Phone: **(214)799-7775**
 Work Phone:
 Resp. Provider: **William Thomas Christensen MD**

Gender: **Male**
 DOB: **7/26/1968**
 Patient ID: **256170-0171001**
 Last PM ID: **V950248**
 EHR #:

Insurance:

Primary Ins: **UMR**
 Plan: **UMR_PPO_UNTD_1**
 Policy #: **13280912**

Secondary Ins:
 Plan:
 Policy #:

Group #: **76410892**
 Phone: **(800)826-9781**
 Fax:
 Contact:

Group #:
 Phone:
 Fax:
 Contact:

Provider: **William Thomas Christensen M** Status: **On Hold**
 Clinical Date: **09/16/2013** Location of Care: **MEDPRO**
 Summary: **IM PRE-OP - ENC#22229566**

Document ID: **93**
 Visit ID: **5921828**

Service Orders

<u>Code</u>	<u>Description</u>	<u>Order No</u>	<u>Units</u>	<u>Diagnoses</u>	<u>Priority</u>	<u>Status</u>
CPT-99242	99242 Office consultation exp prob	7432751-1	1	PREOPERATIVE EXAMINATION(ICD-V72.84) CERVICAL RADICULOPATHY, RIGHT(ICD-723.4)		C

Service Provider:

Order Authorized By: William Thomas Christensen MD
 Order Signed By: William Thomas Christensen MD
 Order Signed On: 9/16/2013 4:03:08PM
 Comments:

CPT-93000	Electrocardiogram (routine ECG), complete	7432751-2	1	PREOPERATIVE EXAMINATION(ICD-V72.84) CERVICAL RADICULOPATHY, RIGHT(ICD-723.4)		C
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Service Provider:

Order Authorized By: William Thomas Christensen MD
 Order Signed By: William Thomas Christensen MD
 Order Signed On: 9/16/2013 4:03:08PM
 Comments:

Report run by Vicki M Ford POR

☐ Medicare ☐ Medicaid ☐ HMO
☐ Account ☐ Patient ☐ PPO/POS

Order Status: I - In Process U - Unsigned H - Admin Hold X - Canceled C - Completed

Note: When ordering tests for which reimbursement (including Medicare or Medicaid) will be sought, providers authorized by law to order tests should only order tests that are medically necessary for the diagnosis or treatment of the patient.

MedProvider3434 Swiss Ave. Suite 320, Dallas, TX 75204
(214) 828-5050 Fax: (214) 828-5051

09/19/2013 09:48 AM

Page 1 of 1
Test Form**Test Form****Authorizing Provider:** William Thomas Christensen MD
Electronically Signed by: William Thomas Christensen MD**Service Provider:** HTPN A
A HTPN Lab**Order Signed On:** 9/18/2013 8:45:53AM
Phone: 214-828-5775
Fax: 214-828-5777**Phone:** 214-828-5760
Fax: 214-828-5798**Patient Name:** ROBERT A PLOCK
6827 LATTA PARKWAY
DALLAS TX 75227
Phone: (H): (214)799-7775**DOB:** 7/26/1968
Age: 45
Sex: M
Last Medic Acct: V950248**Resp. Provider:** William Thomas Christensen MD**Visit Id:****Primary Insurance****Company:** UMR
Plan: UMR PPO UNTD 1
Group #: 76410892
Policy #: 13280912
Insured Party:**Secondary Insurance****Company:**
Plan:
Group #:
Policy #:
Insured Party:

<u>Code</u>	<u>Description</u>	<u>Diagnoses</u>
CPT-85025H	CBC W/Auto Diff	PREOPERATIVE EXAMINATION(ICD-V72.84) LUMBAR RADICULOPATHY(ICD-724.4)
	Order Number: 7442533-1	
	Auth#:	
	Quantity: 1	
	Start Date: 9/16/2013	
	Priority: Normal	
	Instructions:	