

BAYLOR MEDICAL CENTER AT UPTOWN
P.O. BOX 844778
DALLAS, TX 78284-4778



RETURN SERVICE REQUESTED

FOR BILLING INQUIRIES: (214) 443-3000
PAGE: 1 of 1

ADDRESSEE:
ROBERT PLOCK
6827 LATTA PKWY
DALLAS, TX 75227-6043

IF PAYING BY CREDIT CARD, PLEASE CHECK BOX FOR SELECTION AND FILL OUT BELOW.

<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> CARE CREDIT
CARD NUMBER			SIGNATURE CODE	
SIGNATURE			EXP. DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCT. #		
03/31/2014	1045.44	500152582		
DUE DATE: 04/20/2014		SHOW AMOUNT PAID HERE \$		

REMIT TO:
BAYLOR MEDICAL CENTER AT UPTOWN
P.O. BOX 844778
DALLAS, TX 78284-4778

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	DESCRIPTION	CHARGES	PAYMENTS/ ADJUSTMENTS	PATIENT BALANCE	STATUS	
03/11/2014	PATIENT NAME = ROBERT PLOCK BALANCE FORWARD VISIT TOTAL	1045.44		1045.44		
TOTAL BALANCE		1045.44	INSURANCE BALANCE	0.00	PATIENT BALANCE	1045.44
STATUS:						
ACCOUNT #			PAY THIS AMOUNT			
500152582			1045.44			



TOTAL BALANCE	1045.44	INSURANCE BALANCE	0.00	PATIENT BALANCE	1045.44
STATUS:					