

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

32491-3WV1



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. # | | |
| 01/30/2014 | 1045.44 | 500115038 | | |
| DUE DATE: 02/19/2014 | | | SHOW AMOUNT PAID HERE \$ | |

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STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

☐ Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

| DATE | DESCRIPTION | CHARGES | PAYMENTS/ ADJUSTMENTS | PATIENT BALANCE | STATUS |
|------------|---|---------|--------------------------|--------------------|--------|
| 01/02/2014 | PATIENT NAME = ROBERT PLOCK BALANCE FORWARD VISIT TOTAL | 1045.44 | | 1045.44 | 1 |

| | | | | | |
|---------------|---------|-------------------|------|-----------------|---------|
| TOTAL BALANCE | 1045.44 | INSURANCE BALANCE | 0.00 | PATIENT BALANCE | 1045.44 |
|---------------|---------|-------------------|------|-----------------|---------|

STATUS:

1 - QUESTIONS? CALL 214-443-3000 OR 888-333-114 PLEASE NOTE ALL CHECKS MAILED TO THE FACILITY WILL BE PROCESSED ELECTRONICALLY. PAY ONLINE WITH CHECK OR CREDIT CARD AT: [HTTPS//PAY.INSTAMED.COM/BMCU](https://pay.instamed.com/bmcu)

| | | | |
|-----------|-----------|-----------------|---------|
| ACCOUNT # | 500115038 | PAY THIS AMOUNT | 1045.44 |
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