

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

32491-3WV1

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. #		
01/02/2014	1045.44	500100903		
DUE DATE: 01/30/2014		SHOW AMOUNT PAID HERE \$		

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

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

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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
12/05/2013	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
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STATUS:

1 - THIS STATEMENT REFLECTS CHARGES FOR SERVICES RENDERED. PLEASE CONTACT US REGARDING THIS BALANCE.

ACCOUNT # 500100903

PAY THIS AMOUNT 1045.44

