



PO Box 650426
Dallas, TX 75265-0426

Patient Name: ROBERT PLOCK
ADDRESSEE:

RETURN SERVICE REQUESTED	10	1
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02191211200922
ROBERT PLOCK
 6827 LATTA PKWY
 DALLAS, TX 75227-6043

0219800220

STATEMENT

Your healthcare provider is now part of US Anesthesia Partners. Thank you for choosing us for your healthcare needs.

Your insurance company has processed your claim and the balance is now your responsibility. The outstanding balance is now due. Please pay this amount in full today. If you have questions please call our billing office at (972) 663-8520.

ACCOUNT ACTIVITY:

Date	Provider	Description	Charge	Pay/Adj	Balance
08/07/13	HYDE	01936 /5 PERC IMG GUID S	\$822.00		
09/10/13		UHC PMT COINSURANCE AMOUNT		\$383.04	
09/10/13		HMO/PPO ADJ PATIENT BALANCE DUE		\$274.80	\$164.16

ACCOUNT SUMMARY:

Patient Name	ROBERT PLOCK
Account Number	2341966
Statement Date	12/01/14

Total Charges		\$17675.00
Insurance Payments	(-)	\$1730.24
Insurance Adjustments	(-)	\$14203.22
Patient Payments	(-)	\$0.00
Patient Adjustments	(-)	\$0.00

Insurance Pending	\$0.00
Patient Balance	\$1741.54

PLEASE PAY THIS AMOUNT: \$1741.54

CURRENT INSURANCE INFORMATION:

Primary

Name	UMR
Member / ID Number	XXXXXXXX10892

Secondary

Name
Member / ID Number

Totals: \$17675.00 \$15933.46 \$1741.54

CONTACT US:

For billing questions or an itemized list of charges, please call us at 972-663-8520. Our office hours are 8:30 A.M. through 5:00 P.M., Monday – Friday. Please see the back side of this statement for more information.

Written communication regarding any disputed bill, including an instrument tendered as full satisfaction of the bill, must be sent to:
13737 Noel Rd., Suite 1400, Dallas, TX 75240 ATTN: ACCOUNT DISPUTE RESOLUTION

