



PO Box 650426
Dallas, TX 75265-0426

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

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 SUMMARY:

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

Patient Name	ROBERT PLOCK	
Account Number	2341966	
Statement Date	12/15/14	
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

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



US ANESTHESIA
PARTNERS