

Pinnacle
Pain Medicine

Patient Name: ROBERT PLOCK

ADDRESSEE:

RETURN SERVICE REQUESTED 9 1

200714020
1111211**

ROBERT PLOCK
6827 LATTA PKWY
DALLAS, TX 75227-6043

We gladly accept (please mark box).

We gladly accept (please mark box).		
 <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>		
NAME ON CARD		SECURITY CODE
CARD NUMBER		EXP. DATE
SIGNATURE		AMOUNT PAID
ACCOUNT # 2341966	BILLING DATE 09/01/14	BALANCE DUE NOW 1741.54

ANY PAYMENTS AND CHARGES AFTER THE ABOVE DATE WILL APPEAR ON THE NEXT STATEMENT

REMIT TO:

PINNACLE ANESTHESIA CONS.
PO BOX 650426
DALLAS, TX 75265-0426

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

STATEMENT

TO ENSURE PROPER CREDIT, DETACH AND
RETURN TOP PORTION WITH YOUR PAYMENT.

Thank you for choosing Pinnacle Pain Medicine 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		\$383.04	
		COINSURANCE AMOUNT			
09/10/13		HMO/PPO ADJ		\$274.80	
		PATIENT BALANCE DUE			\$164.16

ACCOUNT SUMMARY:

Patient Name	ROBERT FLOCK	
Account Number	2341966	
Statement Date	09/01/14	
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:
13601 PRESTON ROAD, SUITE 1000W, DALLAS TX 75240 ATTN: ACCOUNT DISPUTE RESOLUTION