



Pinnacle
Pain Medicine

Patient Name: ROBERT PLOCK
ADDRESSEE:

02070001
**112116
ROBERT PLOCK
6827 LATTA PKWY
DALLAS, TX 75227-6043

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 #	BILLING DATE	BALANCE DUE NOW	
2341966	04/02/14	CONTINUED	

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

STATEMENT

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

ACCOUNT ACTIVITY:

Date	Provider	Description	Charge	Pay/Adj	Balance
05/29/13	RACZ	64483 / NJX STR TFR E LMB	\$5024.00		
06/25/13		UHC PMT		\$0.00	
06/25/13		DEDUCTIBLE AMOUNT			
06/25/13		HMO/PPO ADJ		\$4458.74	
05/29/13	ZACEK	PATIENT BALANCE DUE 01936 /5 PERC IMG GUID S	\$959.00		\$565.26
07/09/13		UHC PMT		\$159.36	
07/09/13		DEDUCTIBLE AMOUNT			
07/09/13		COINSURANCE AMOUNT			
07/09/13		HMO/PPO ADJ		\$296.60	
07/03/13	RACZ	PATIENT BALANCE DUE 64483 / NJX STR TFR E LMB	\$5024.00		\$503.04
07/29/13		UHC PMT		\$395.68	
07/29/13		COINSURANCE AMOUNT			
07/29/13		HMO/PPO ADJ		\$4458.74	
07/03/13	ZACEK	PATIENT BALANCE DUE 01936 /5 PERC IMG GUID S	\$822.00		\$169.58
08/21/13		UHC PMT		\$396.48	
08/21/13		COINSURANCE AMOUNT			
08/21/13		HMO/PPO ADJ		\$255.60	
08/07/13	RACZ	PATIENT BALANCE DUE 64483 / NJX STR TFR E LMB	\$5024.00		\$169.92
09/04/13		UHC PMT		\$395.68	
09/04/13		COINSURANCE AMOUNT			
09/04/13		HMO/PPO ADJ		\$4458.74	
		PATIENT BALANCE DUE			\$169.58

ACCOUNT SUMMARY:

Patient Name	
Account Number	
Statement Date	

Total Charges	
Insurance Payments	(-)
Insurance Adjustments	(-)
Patient Payments	(-)
Patient Adjustments	(-)

Insurance Pending
Patient Balance

PLEASE PAY THIS AMOUNT:

CURRENT INSURANCE INFORMATION:

Primary	Name	Member / ID Number
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Secondary
Name _____
Member / ID Number _____

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