

December 10, 2013

Customer Service 1(877)893-1655  
8:30am- 5:00pm

CHANGE SERVICE REQUESTED

#BWNHDKX  
#6782790000790029#

ROBERT PLOCK  
6827 LATTA PKWY  
DALLAS, TX 75227-6043

**ROBERT PLOCK**

Patient Account Number:  
Message ID:  
Payment Due Date:

2341966  
PGCED2  
Due Upon Receipt

**Account Summary**

Charges .....	\$4,521.00
Adjustments .....	\$1,381.80
Paid by Insurance .....	\$2,197.44
Paid by Patient .....	\$0.00
Patient Amount Due .....	\$941.76

**IMPORTANT INFORMATION**

Thank you for choosing us for your anesthesia service. We have been attempting to contact you about a remaining balance on your account. If you provided insurance information, it was billed and all efforts to collect from them have been exhausted. If you have additional insurance for this date of service, please call us at the number listed above or return a photocopy of the front and back of your insurance card along with the perforated payment slip in the return envelope. As a courtesy, we will file a claim for you, but please note that insurance companies have filing deadlines which must be met in order for them to pay. If the deadline is missed, the balance is solely your responsibility. We do not file disputes nor do we hold accounts for disputes you may choose to file.

Please return payment in full along with the perforated payment slip below in the return envelope. Payment may be made by personal check, money order or any of the credit/debit cards listed on the payment slip. To have your account credited more quickly, call the number above and give a representative in our business office your account number and credit/debit card information.

If you are unable to pay the balance in full, please call our office at the number listed above to discuss alternate arrangements for payment. Any of our representatives will be able to assist you with payment or other account questions.

Detach and return bottom portion with payment. Please make checks or money orders payable in U.S. funds to Pinnacle Partners in Medicine and include your patient reference number.

December 10, 2013

**ROBERT PLOCK**

Patient Account Number: 2341966  
Payment Due Date: Due Upon Receipt

Phone: Pinnacle Partners in Medicine (se habla Español)  
Customer Service 1(877)893-1655  
8:30am- 5:00pm

Q0436649 678279000079002

37287\*TY30DZ7T1000336

AMOUNT AUTHORIZED / ENCLOSED \$

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

0650426 002341966 000094176 3

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.

<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER		EXP. DATE (e.g. 11/09)	
CARDHOLDER SIGNATURE		SECURITY CODE (required - on back of card)	
CARDHOLDER NAME (please print)		CARDHOLDER PHONE #	

DUE DATE  
Due Upon Receipt

AMOUNT YOU OWE  
**\$941.76**

REMIT PAYMENT TO:

PINNACLE ANESTHESIA CONSULTANTS  
PO BOX 650426  
DALLAS, TX 75265-0426