

MAKE CHECKS PAYABLE TO:



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

Patient Name: ROBERT PLOCK

ADDRESSEE:

RETURN SERVICE REQUESTED 5 1

10065270  
1911211\*\*  
ROBERT PLOCK  
6827 LATTA PKWY  
DALLAS, TX 75227-6043

We gladly accept (please mark box).		
DISC#VER <input type="checkbox"/>	MasterCard <input type="checkbox"/>	VISA <input type="checkbox"/>
NAME ON CARD	SECURITY CODE	
CARD NUMBER	EXP. DATE	
SIGNATURE	AMOUNT PAID	
ACCOUNT # 2341966	BILLING DATE 01/02/14	BALANCE DUE NOW 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

☐ 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
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	
09/04/13		PATIENT BALANCE DUE			\$169.58

CONTINUED on next page...

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

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