

MAKE CHECKS PAYABLE TO:



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

Patient Name: ROBERT PLOCK

ADDRESSEE:

RETURN SERVICE REQUESTED 5 1

ROBERT PLOCK  
6827 LATTA PKWY  
DALLAS, TX 75227-6043

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

**PAST DUE**

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.

|                                     |                                     |                               |
|-------------------------------------|-------------------------------------|-------------------------------|
| We gladly accept (please mark box). |                                     |                               |
| <input type="checkbox"/> DISCOVER   | <input type="checkbox"/> MasterCard | <input type="checkbox"/> VISA |
| NAME ON CARD                        |                                     | SECURITY CODE                 |
| CARD NUMBER                         |                                     | EXP. DATE                     |
| SIGNATURE                           |                                     | AMOUNT PAID                   |
| ACCOUNT #<br>2341966                | BILLING DATE<br>12/12/2013          | BALANCE DUE NOW<br>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

Dear ROBERT PLOCK

Your account is seriously past due. Please remit payment in full for the past due balance within the next 15 days. We accept Discover, MasterCard, VISA and American Express.

If your payment is not received, your account will be referred to an outside collection agency. If your payment is already on its way, we thank you and ask that you please disregard this notice. If not, we would appreciate receipt of your payment as soon as possible. We understand that many of our patients are currently experiencing difficulties. If you cannot make payment in full and would like to make payment arrangements or if you would like to further discuss the details of your account, please do not hesitate to call patient billing at (972) 663-8520.

Sincerely,  
ACCOUNT DISPUTE RESOLUTION

CONTACT US:

#### ACCOUNT SUMMARY:

|                       |                |
|-----------------------|----------------|
| Patient Name          | ROBERT PLOCK   |
| Account Number        | 2341966        |
| Statement Date        | 12/12/2013     |
| 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 | 767003410892 |

##### Secondary

|                    |  |
|--------------------|--|
| Name               |  |
| Member / ID Number |  |

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