


**US ANESTHESIA
PARTNERS**

 PO Box 650426
 Dallas, TX 75265-0426

 Patient Name: **ROBERT PLOCK**
 ADDRESSEE:

RETURN SERVICE REQUESTED 10 1

 020000220
 1911211**
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.
STATEMENT
 TO ENSURE PROPER CREDIT, DETACH AND
 RETURN TOP PORTION WITH YOUR PAYMENT.

We gladly accept (please mark box).

DISCOVER



MasterCard



VISA



AMERICAN EXPRESS



NAME ON CARD

SECURITY CODE

CARD NUMBER

EXP. DATE

SIGNATURE

AMOUNT PAID

ACCOUNT #

BILLING DATE

BALANCE DUE NOW

2341966

01/05/15

1741.54

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

REMIT TO:
US ANESTHESIA PARTNERS
PO BOX 650426
DALLAS TX 75265-0426


Your healthcare provider is now part of US Anesthesia Partners. Thank you for choosing us 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 PLOCK
Account Number	2341966
Statement Date	01/05/15
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	XXXXXXX10892

Secondary

Name	
Member / ID Number	

CONTACT US:
Totals: \$17675.00 \$15933.46 \$1741.54

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:
 13737 Noel Rd., Suite 1400, Dallas, TX 75240 ATTN: ACCOUNT DISPUTE RESOLUTION

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PARTNERS**