

**FAMILY DENTISTRY**  
 123 MAIN STREET  
 ANYTOWN, KS 12345

14733-F580

RETURN SERVICE REQUESTED

CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA
<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> AMERICAN EXPRESS	
CARD NUMBER	SIGNATURE CODE	
SIGNATURE	EXP. DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
09/02/04	\$140.40	999999

SHOW AMOUNT PAID HERE \$

PAGE: 1 of 1

500120A

ADDRESSEE:

JOHN Q. PATIENT  
 1234 MAIN STREET  
 ANYTOWN, CA 00000

REMIT TO:

FAMILY DENTISTRY  
 123 MAIN STREET  
 ANYTOWN, KS 12345

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

14733-F580\*1BN0G77BL000082

**STATEMENT**

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Date	Description	Reference	Charges	Credits
07/21/04	Comp Oral Eval-New Or E(Cl	17606)	JOHN 50.00	INS. PYMNT REC'D
07/21/04	NEW PATIENT		JOHN 0.00	
07/21/04	Prophylaxis - Adult (Clm	17606)	JOHN 55.00	INS. PYMNT REC'D
08/18/04	BLUE CROSS W/O		JOHN	11.00
08/18/04	BCBS PYMT (Clm	17606)	JOHN	94.00
09/01/04	Vital Pulpotomy (Clm	17985)	JOHN 112.00	WAITING INS PYMT
09/01/04	Vital Pulpotomy (Clm	17985)	JOHN 112.00	WAITING INS PYMT
09/01/04	Composite 1 Surface An(Cl	17985)	JOHN 126.00	WAITING INS PYMT
09/01/04	Composite 1 Surface An(Cl	17985)	JOHN 126.00	WAITING INS PYMT
09/01/04	Composite 1 Surface An(Cl	17985)	JOHN 126.00	WAITING INS PYMT
09/01/04	Periapical X-ray - Firs(Cl	17985)	JOHN 18.00	WAITING INS PYMT
09/01/04	Periapical X-ray - Each(Cl	17985)	JOHN 18.00	WAITING INS PYMT

**PAYMENT DUE 10 DAYS FROM STATEMENT DATE**  
**WHITEN YOUR TEETH FOR \$75. CALL FOR DETAILS!!**

Current	30 Days	60 Days	90 Days	New Balance	EXPECTED INSURANCE	PLEASE PAY BY 5th OF MONTH
638.00	0.00	0.00	0.00	638.00	497.60	\$140.40

FOR BILLING INQUIRIES, PLEASE CALL: 555-123-4567

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