

**ORAL & FACIAL SURGERY ASSOC**  
 123 MAIN STREET  
 ANYTOWN, KS 12345

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

CHECK CARD USING FOR PAYMENT

MASTERCARD   
  DISCOVER   
  DISCOVER   
  VISA   
  VISA   
  AMERICAN EXPRESS   
  AMERICAN EXPRESS

|                |                 |                |
|----------------|-----------------|----------------|
| CARD NUMBER    |                 | SIGNATURE CODE |
| SIGNATURE      |                 | EXP. DATE      |
| STATEMENT DATE | PAY THIS AMOUNT | ACCT. #        |
| 08/30/04       | \$14557.00      | 99999          |

14733-UC81

ADDRESS SERVICE REQUESTED

FOR BILLING INQUIRIES, PHONE: 555-123-4567

PAGE: 1 of 1

SHOW AMOUNT PAID HERE \$

500005A

ADDRESSEE:

REMIT TO:

  
 JOHN Q. PATIENT  
 1234 MAIN STREET  
 ANYTOWN, CA 00000

  
**ORAL & FACIAL SURGERY ASSOC**  
 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.

**STATEMENT**

14733-UC81\*1BJLDG15000011

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

PATIENT I.D.: 99999

PATIENT: PATIENT, JOHN Q

PREVIOUS BALANCE 0.00

| DATE           | NAME              | DESCRIPTION                  | AMOUNT              |                  |                       |          |
|----------------|-------------------|------------------------------|---------------------|------------------|-----------------------|----------|
| 08/19/04       | JOHN              | LEFORT I, 2-PIECE OSTEOTOMY  | 4965.00             |                  |                       |          |
| 08/19/04       | JOHN              | BILAT SAGITTAL SPLIT OSTEOTM | 5480.00             |                  |                       |          |
| 08/19/04       | JOHN              | BILAT SAGITTAL SPLIT OSTEOTM | 1370.00             |                  |                       |          |
| 08/19/04       | JOHN              | LEFORT I, 2-PIECE OSTEOTOMY  | 1242.00             |                  |                       |          |
| 08/24/04       | JOHN              | GENIOPLASTY AUGMENTATION     | 1500.00             |                  |                       |          |
| <b>CURRENT</b> | <b>31-60 DAYS</b> | <b>61-90 DAYS</b>            | <b>OVER 91 DAYS</b> | <b>UNAPPLIED</b> | <b>ENDING BALANCE</b> | 14557.00 |
| 14557.00       | 0.00              | 0.00                         | 0.00                | 0.00             |                       |          |

IF YOU HAVE INSURANCE A CLAIM HAS BEEN SUBMITTED FOR YOU.

INSURANCE LAST BILLED ON AUG 24 2004

**PLEASE PAY THIS AMOUNT**  
 ▶▶▶▶▶▶▶▶▶▶ \$14557.00

PATIENT PORTION DUE BY: 09/19/04

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