

MAKE CHECKS PAYABLE TO:

STATEMENT DATE

PAYMENT DUE BY

ACCT. #

SHOW AMOUNT PAID HERE \$

ADDRESSEE:

REMIT TO:

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

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

3 1/16" PERF

DATE	DESCRIPTION	CHARGES	PAYMENT OR ADJ.	DUE FROM PATIENT
		LAST PAYMENT RECEIVED		PLEASE PAY THIS AMOUNT

3 1/16" PERF

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PLEASE UPDATE ANY INFORMATION THAT HAS CHANGED SINCE YOUR LAST STATEMENT

ABOUT YOU:

YOUR NAME (Last, First, Middle Initial)			
ADDRESS			
CITY	STATE	ZIP	
TELEPHONE	MARITAL STATUS	<input type="checkbox"/> Separated	
()	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	
	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	
EMPLOYER'S NAME	TELEPHONE		
	()		
EMPLOYER'S ADDRESS	CITY	STATE	ZIP

ABOUT YOUR INSURANCE:

YOUR PRIMARY INSURANCE COMPANY'S NAME			
PRIMARY INSURANCE COMPANY'S ADDRESS			
CITY	STATE	ZIP	
POLICYHOLDER'S ID NUMBER		GROUP PLAN NUMBER	
YOUR SECONDARY INSURANCE COMPANY'S NAME			
SECONDARY INSURANCE COMPANY'S ADDRESS			
CITY	STATE	ZIP	
POLICYHOLDER'S ID NUMBER		GROUP PLAN NUMBER	

3 13/16" PERF

PROOF

3 13/16" PERF