

1A
1B
1C
1D
1E

MAKE CHECKS PAYABLE TO:

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

CHECK CARD USING FOR PAYMENT

MASTERCARD
 DISCOVER
 VISA
 AMERICAN EXPRESS

CARD NUMBER		AMOUNT
SIGNATURE		EXP. DATE
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 1/2" Perf

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

7" Perf

8810030018

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"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Separated <input type="checkbox"/> Divorced <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 3/8" Perf

7 7/8" Perf