Collom & Carney Clinic ASSOCIATION

STATEMENT

SHOW AMOUNT PAID HERE $_____

NEW BALANCE
$33.28

Payment is due within 10 days of receipt.

OFFICE PHONE NUMBER	CLOSING DATE	ACCOUNT NUMBER	PAGE
903 614-3000	08/30/2003	100012345	

CREDIT CARD PAYMENT ❑ check here
Complete the form below and return in the enclosed envelope.

Amount $_____
Card Expires____/____ Type of Card_____
Card Number_____
Card Holder's Name_____
Signature_____

Federal law requires that we advise you that the purpose of this communication is to collect a debt, and that any information obtained will be used for that purpose.

*****AUTO**5-DIGIT 75503
JOHN J DOE
5002 COWHORN CREEK ROAD
TEXARKANA, TEXAS 75503

NOTE: Charges and payments not appearing on this statement will appear on next month's statement.

PLEASE RETURN THIS PORTION WITH PAYMENT

CHARGES APPEARING ON THIS STATEMENT ARE **NOT** INCLUDED ON ANY HOSPITAL BILL OR STATEMENT.

Date	Inv #	Dr Name	SvcCode	Service Description	Patient Name	Charges /Debits	Payments /Credits	Patient Balance
07/08/03				Previous Balance				$24.96
03/01/03	25	DOE MD, J J	99212	OFFICE-ESTABLISHED,	JOHN	$48.50		$8.32
05/20/03	25	DOE MD, J J	00030	BC/BS OTHER PAYMENT			($33.32)	
05/20/03	25	DOE MD, J J	99982	BC/BS OTHER DISCOUNT			($6.86)	

Closing Date 08/08/2003 JOHN 100012345

Account Ageing	Current	31-60 Days	61-90 Days	> 90 Days	Total
Patient	$0.00	$8.32	$0.00	$24.96	$33.28
* Insurance	$0.00	$0.00	$0.00	$0.00	$0.00

NEW BALANCE PAY THIS AMOUNT
$33.28

SEND INQUIRIES/PAYMENTS TO:

Collom & Carney Clinic ASSOCIATION
P.O. BOX 1409
TEXARKANA, TEXAS 75504
(903) 614-3000

PLEASE INCLUDE YOUR ACCOUNT NUMBER WITH ALL CORRESPONDENCE