

Samples supplied by
The PLD Group Inc.
 73-375 El Paseo Ste U2
 Palm Desert CA 92660-4212
 Telephone (877) 210-9377
 Fax (760) 692-9507
 Visit us on the web at www.thepldgroup.com

IF PAYING BY CREDIT CARD PLEASE FILL OUT BELOW:		
CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> MasterCard	<input checked="" type="checkbox"/> VISA	<input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER	AMOUNT	
SIGNATURE	EXP. DATE	
STATEMENT DATE 4/27/2009	PAY THIS AMOUNT \$400.00	ACCT.# 9999999
AMOUNT PAID \$		

ADDRESSEE:

John Q Sample
 123 Orchard Dr
 Apple City ZZ 99999-99999

Abraxas Medical Solutions
 114 Pacifica, Suite 390
 Irvine, CA 92618

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

To insure proper credit, please detach and return top portion with your payment prior to your due date

Date	Description	Charge	Patient Payment	Insurance Payment	Insurance Adjustment	Insurance Due	Amount Due
Charges for: John Q Patient - Acct # 88888888							
3/26/2009	REPLACEMENT OF CONTACT LENS		\$0.00				\$400.00
	TOTAL:		\$0.00				\$400.00

As of 4/27/2009, Your Balance Now Due Is \$400.00

Important Message From Our Billing Department

As a courtesy, the insurance we have on file has been billed. Any charges denied or not paid by your insurance company, if applicable, will be transferred to patient responsibility. If you have questions as to how your insurance paid or elected not to pay, please call the insurance company directly. If you have become eligible for any new insurance coverage in the past 12 months that we are not aware of, please call our office at (555) 123-4567

Account Summary

Patient: John Q Patient
 Account #: 9999999
 Statement Date: 4/27/2009
 Total Charges:
 Total Balance: \$400.00
 Finance Charges: \$0.00
 Balance Now Due: \$400.00

Amount Now Due
\$400.00

Billing Questions: (555) 555-1234
 Billing Fax: (555) 555-1235
 Appointments: (555) 555-1236

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Second Notice

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Amount Now Due
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MasterCard **VISA** DISCOVER AMERICAN EXPRESS

CARD NUMBER		AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE 4/27/2009	PAY THIS AMOUNT \$400.00	ACCT.# 9999999
AMOUNT PAID \$		

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Past Due

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 Statement Date: 4/27/2009
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 Total Balance: \$400.00
 Finance Charges: \$0.00
 Balance Now Due: \$400.00

Amount Now Due
\$400.00

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CARD NUMBER		AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE 4/27/2009	PAY THIS AMOUNT \$400.00	ACCT.# 9999999
AMOUNT PAID \$		

ADDRESSEE:

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 Apple City ZZ 99999-99999

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IMPORTANT MESSAGE REGARDING YOUR ACCOUNT

Dear John:

At Clinic, your healthcare is our primary concern. Our need to provide a business where patients may continue to come for services is our second utmost concern. This can be jeopardized when payment policies are not understood or overlooked.

As of 4/27/2009, we have sent several billing statements showing your outstanding balance for services rendered. This outstanding balance is quite often a simple oversight; therefore this letter serves as a reminder. Won't you please respond to our request for payment with either a telephone call to our billing office at (555) 555-1234 or mail your payment (including your account number) today?

If you feel there is a questionable doubt of your financial responsibility to this account balance or are perhaps experiencing financial issues, please contact us so that we may pursue any and all avenues to help! Our billing office staff are standing by and willing to share assistance with alternatives if possible.

John, by not responding to our statements and request for payment tells us that you are relinquishing your need for our services. By not adhering to our payment policy our relationship is compromised. Please make an attempt to retain your medical services with Clinic.

We look forward to assisting you. However, our next step, in the event your account stays delinquent and relations remain broken, may be to seek outside collection efforts to resolve this matter. If this unfortunate step is taken, your credit history could be seriously affected. Thank you in advance for your immediate attention and quick response.

Sincerely,

Pre-Collection Department
 Clinic

ACCOUNT NUMBER: 9999999 AMOUNT NOW DUE: \$400.00 PATIENT: John Q Patient

Thank You From the Staff at:

**Clinic
 Doctor**

123 Center St Suite 321 • Apple City ZZ 99999-9999
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 Appointments: (555) 123-4567
 Visit us on the web at: www.clinicwebaddress.com