

# STATEMENT

THE PLD GROUP. INC.  
 26 ALTA VISTA  
 RANCHO MIRAGE CA 92270-2928  
 (760) 202-9035  
 (877) 210-9377 - Toll Free  
 (760) 202-8305 - Fax

MAKE CHECKS PAYABLE AND MAIL TO:

THE PLD GROUP. INC.  
 26 ALTA VISTA  
 RANCHO MIRAGE CA 92270-2928



JOHN Q. PUBLIC  
 123 ANY STREET  
 SOMECIYT US 99999-9999

SN 1

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

STATEMENT DATE	CHART NUMBER	PAY THIS AMOUNT	AMOUNT ENCLOSED
05/22/2006	JQP00001	\$ 210.00	\$

RETURN TOP PORTION WITH YOUR PAYMENT

DATE OF SERVICE	PROCEDURE CODE	SERVICE PERFORMED	CHARGE	PRIMARY INSURANCE PAID	INSURANCE ADJUSTMENT	PATIENT PAID	BALANCE
05/26/05	PREVIOUS BALANCE PATIENT 99999	JOHN Q. PUBLIC OBSERVATION CARE D/C	CHART # 210.00	JQP0001 0.00	CASE: 0.00	05/25/2005	0.00 210.00

Patient balance is due in full upon presentation of this statement. As a courtesy, we have billed your insurance company based on information received from the hospital. Any charges denied or not paid by your insurance company will be charged to your account. Any payments or charges posted after the above statement date will appear on your next statement. For questions regarding your account, please call our 24 hour message center at (877) 210-9377. All telephone calls will be returned as quickly as possible. Thank you!

DATE OF LAST PAYMENT	
LAST PAYMENT AMOUNT	\$0.00
PREVIOUS BALANCE	\$0.00
PATIENT	JOHN Q. PUBLIC
CHART NUMBER	JQP00001
STATEMENT DATE	05/22/2006

**YOUR INSURANCE HAS BEEN BILLED.**  
 PLEASE REMIT THE **\$ 210.00**  
**ACCOUNT BALANCE**

**Thank You! From the staff at:**

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