

The PLD Group Inc.
 26 Alta Vista
 Rancho Mirage, CA 92270-2928

Office: (760) 202-9035
 Toll Free: (877) 210-9377
 Fax: (760) 202-8305

RETURN
 SERVICE
 REQUESTED

Payment Information

If paying by credit card, please provide the following <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA	
CARD NUMBER	VERIFICATION CODE
NAME ON CARD	AMOUNT
SIGNATURE	EXPIRATION DATE

MAKE CHECKS PAYABLE AND MAIL TO:



JOHN Q. PUBLIC
 123 ANY STREET
 SOME CITY US 99999-9999

AN 6



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 Rancho Mirage, CA 92270-2928

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

Statement Date	Account Number	Please Pay	Amount Paid
05/26/2006	99999999	\$ 39.30	\$

RETURN TOP PORTION WITH YOUR PAYMENT

Service Date	Physician	Description of Services	Amount
04/07/06	MELBY, MARCUS	CHARGE TOTAL	4949.00
04/10/06		INSURANCE CREDIT ADJUSTMENT	-3171.86
05/01/06		SELF PAY PAYMENT	-240.60
05/23/06		BC/BS PYMT	-1586.10
05/23/06		INSURANCE DEBIT ADJUSTMENT	88.86



Current	30 Days	60 Days	90 Days	120 Days
\$ 0.00	\$ 39.30	\$ 0.00	\$ 0.00	\$ 0.00
ANALYSIS OF PATIENT NEW BALANCE				
05/26/2006	99999999	\$ 39.30	\$ 39.30	
Statement Date	Account Number	Insurance Due	Patient Due	

YOUR INSURANCE HAS BEEN BILLED. PLEASE REMIT THE BALANCE.

PATIENT BALANCE NOW DUE \$ 39.30

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Patient balance is due upon presentation of this statement. Any Payments or charges after the above statement date will appear on your next statement. All balances, 35 days or more past due will be subject to 1.5% monthly finance charge. For questions regarding your account, please call our business office (760) 202-9035, Monday – Friday between 6:30 am - 3:30 pm. Thank you!