

THE PLD GROUP
 26 ALTA VISTA
 RANCHO MIRAGE CA 92270-2928
 Billing Questions: (760) 202-9035 - FAX (760) 202-8305

STATEMENT

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

*****AUTO 5-DIGIT SCH 99999



JOHN Q. PUBLIC
 PO BOX 999
 SOME CITY US 99999-9999

AC 45
 GRP 1
 TRAY 1

MAKE CHECKS PAYABLE AND MAIL TO:



THE PLD GROUP
 26 ALTA VISTA
 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	CHART NUMBER	PAY THIS AMOUNT	AMOUNT ENCLOSED
03/24/2006	PUBLI000	\$ 167.52	\$

RETURN TOP PORTION WITH YOUR PAYMENT

DATE OF SERVICE	SERVICE PERFORMED	CHARGE	PRIMARY INSURANCE PAID	SECONDARY INSURANCE PAID	APPLIED TO DEDUCTIBLE	INSURANCE ADJUSTMENT	PATIENT PAID	BALANCE
	PREVIOUS BALANCE							0.00
	JOHN Q. PUBLIC			CHART #	PUBLI000			
PATIENT								
08/29/03	99202	75.00	-45.06			-14.94		15.00
09/05/03	99212	50.00	-23.91			-11.09		15.00
09/08/03	99213	65.00	-38.94			-11.06		15.00
09/12/03	99213	65.00	-38.94			-11.06		15.00
09/26/03	99213	65.00	-38.94			-11.06		15.00
01/12/04	99213	65.00	-39.77			-10.23		15.00
02/02/04	99214	85.00	-60.83			-9.17		15.00
02/02/04	J3301	20.00	-9.02			-8.73		2.25
02/02/04	J1100	20.00	-1.08			-18.65		0.27
02/09/04	99213	65.00	-39.77			-10.23		15.00
03/01/04	99213	65.00	-39.77			-10.23		15.00
03/11/04	99213	65.00	-39.77			-10.23		15.00
02/17/05	99213	65.00	-41.31			-8.69		15.00

Patient balance is due in full upon presentation of this statement. As a courtesy, we have billed your insurance company. Any charges denied or not paid by your insurance company will be changed to patient responsibility. Any payments or charges after the above statement date will appear on your next statement. For questions regarding your account please call our business office at (760) 202-9035, Monday - Friday between 8:00am and 5:00pm. Thank you!

DATE OF LAST PAYMENT	01/15/2006
LAST PAYMENT AMOUNT	\$251.67
PREVIOUS BALANCE	\$0.00
PATIENT	JOHN Q. PUBLIC
CHART NUMBER	PUBLI000
STATEMENT DATE	03/24/2006

YOUR INSURANCE HAS BEEN BILLED.
 PLEASE REMIT THE
ACCOUNT BALANCE **\$ 167.52**

Thank You! From the staff at:

THE PLD GROUP
 26 ALTA VISTA
 RANCHO MIRAGE CA 92270-2928
 Billing Questions: (760) 202-9035 - FAX (760) 202-8305

ABOUT YOU:

NAME, Last, First, Middle Initial

ADDRESS

CITY STATE ZIP

TELEPHONE

()

MARITAL STATUS Single Married Separated Divorced Widowed

EMPLOYER'S NAME

EMPLOYER'S TELEPHONE

()

EMPLOYER'S ADDRESS

CITY STATE ZIP

ABOUT YOUR INSURANCE:

PRIMARY INSURANCE COMPANY

ADDRESS

CITY STATE ZIP

POLICY HOLDER'S ID NUMBER GROUP PLAN NUMBER EFFECTIVE DATE

SECONDARY INSURANCE COMPANY

ADDRESS

CITY STATE ZIP

POLICY HOLDER'S ID NUMBER GROUP PLAN NUMBER EFFECTIVE DATE