

# STATEMENT

**DMA Radiology - 28847**  
 Post Office Box 1258  
 Anywhere USA 12345-6789

CHECK CREDIT CARD USING FOR PAYMENT AND FILL OUT BELOW.

<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER	SEC. CODE	AMOUNT	
NAME ON CARD (PLEASE PRINT)			EXP. DATE
SIGNATURE			
STATEMENT DATE	ACCOUNT #	PAY THIS AMOUNT	
01/11/2006	29282	\$50.00	

Office Hours: 8:00 a.m. - 4:00 p.m. Monday - Friday  
 Phone: 555/555-5555 Toll Free: 888/888-8000

Test

AMOUNT PAID

LUCIA L HOLLAWAY    29282                      **00001**  
 924 GARDEN LN  
 SOUTH BEND IN 46619

**MAKE CHECK PAYABLE & REMIT TO:**

**DMA Radiology - 28847**  
 Post Office Box 1258  
 Anywhere USA 12345-6789

CLIENT01-0000068-0000000-0515729-001-000004-#000001

PLEASE CHECK BOX IF ABOVE ADDRESS IS INCORRECT AND INDICATE CHANGES ON BACK.



AND RETURN THIS TOP PORTION WITH YOUR PAYMENT USING THE RETURN ENVELOPE ENCLOSED

DATE	PROCEDURE	DESCRIPTION	DIAGNOSIS	AMOUNT
		Balance forward as of	01/01/05	\$0.00
		Services for LUCIA L HOLLAWAY Rendered by ZIAUDDIN M CHOWHAN MD		
		Rendered at ZIA M CHOWHAN M D		
12/10/05	69210	REMOVE IMPACTED EAR WAX	380.4	\$120.00
01/10/06		Payment HMO PAYMENT TRUSTMARK PAR		\$0.00
		\$50.00 has been applied to the deductible		
01/09/06		Adj. PHCS DISALLOW TRUSTMARK PAR		\$70.00-

Based on information provided to us by you or your insurance company this balance due is your responsibility. Please pay within 20 days of the date shown on this statement. Thank you.

PLEASE NOTE. Due to recently passed federal laws restricting the use and release of your private health information, we cannot discuss your account with anyone other than you, unless you provide us with permission to do otherwise.

***This statement is for sample purposes only. Please do not confuse it with one that reflects real live data from your or anyone else's office.***

**BALANCE DUE: \$50.00**

*ACCOUNT CONDITION:*    Current: \$50.00    30 Days: \$0.00    60 Days: \$0.00    90 Days: \$0.00    120 Days: \$0.00

Patient: LUCIA L HOLLAWAY                      Account Number: 29282                      Statement Date: 01/11/2006

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