

Statement Sample Supplied by:  
**The PLD Group Inc.**

70-225 Highway 111 Ste C 211  
 Rancho Mirage CA 92270-2927

Billing Questions: (877) 210-9377 • Billing Fax: (760) 692-9507  
 For Appointments: (760) 202-9035

For more information visit us on the web at: [www.thepldgroup.com](http://www.thepldgroup.com)

IF PAYING BY CREDIT CARD PLEASE FILL OUT BELOW:

CHECK CARD USING FOR PAYMENT



CARD NUMBER		AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCT.#
05/06/08	\$750.00	000035

MUST INCLUDE 3 DIGIT SECURITY CODE FROM BACK OF CARD	AMOUNT PAID \$
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**ADDRESSEE:**

1-3

John Doe Patient  
 1742 N 83rd Ave  
 Beverly Hills CA 60546



**California Medical Systems**  
 567 San Nicolas Place Ste 160  
 Newport Beach, CA 92660

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	CPT / Activity	Description of Services	Insurance Charges	Insurance Credits	Patient Charges	Patient Credits
07/16/07	Insurance	220.00 MEDICARE (Service Date: 07/16/07)				
07/16/07	Insurance	420.00 BLUE CROSS OF CA (Service Date: 06/27/07 - 07/16/07)				

**As of 05/06/08, Your Balance Now Due Is \$ \$200.00**

Sample Variable - - Office message goes here!!!

**Important Message From Our Billing Department**

Thank you John, for selecting Best Care Medical Group for your recent health care needs. This statement represents charges for your recent services. These charges are currently due.

As a courtesy, the insurance we have on file has been billed. Any charges denied or not paid by your insurance company 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 any additional insurance information, please fill out the back portion of this statement and return to us so we may bill your plan in a timely manner.

Should you have any questions regarding this statement, or require additional assistance with your statement, let us know. Our billing office representatives are available and ready to assist you at (877) 210-9377 Monday through Friday 9:00 am to 4:30 pm.

**Account Summary**

Patient: John Doe Patient  
 PatientAccount #: 000035  
 Previous Balance: \$0.00  
 Current Activity: \$750.00  
 Statement Beginning Date: 01/01/00  
 Statement Ending Date: 07/23/07  
 Last Payment Received:

**Amount Now Due**  
**\$750.00**

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*Thank You From the Staff at:*

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2nd Notice

**Important Message From Our Billing Department**

John, it has been over 30 days since you received a statement for your recent health care needs from our practice. This statement represents a 'friendly reminder' that charges for your recent services are currently past due. As of 05/06/08, your payment has not been received. Perhaps your payment has crossed in the mail? To keep your account in good standings, please send the full amount of \$750.00 today. Should you have any questions regarding this statement, or require additional assistance with your bill, let us know. Our representatives are available and ready to assist you at (877) 210-9377, Monday through Friday 9:00 am to 4:30 pm.

Thank you for your immediate attention to this matter!

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Sample Variable - - Office message goes here!!!

Delinquent

**Important Message From Our Billing Department**

Best Care Medical Group appreciates you in selecting us for your health care needs. We ask in your help to understand why a payment for our services has not been received as of 05/06/08. Your account is now over 60 days past due, won't you help us to keep your account in good standings by sending the full amount of \$750.00 today? Should you have any questions regarding this statement, or require additional assistance with your statement, let us know. Our billing office representatives are available and ready to assist you at (877) 210-9377 Monday through Friday 9:00 am to 4:30 pm.

Thank you for your immediate attention to this past due manner!

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Page 1 of 1

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## IMPORTANT MESSAGE REGARDING YOUR ACCOUNT

Dear John Patient:

Your account has recently been brought to our attention as the balance of \$750.00 remains unpaid. This balance represents the portion of your account that is at least 120 days past any applicable insurance payment(s).

Often times, this is quite simply an oversight; therefore this letter serves as a reminder of your payment responsibilities. Please contact our billing office at (877) 210-9377 so we may have the opportunity to resolve this matter quickly. If we do not hear from you, or if your account is not paid in full within 10 days, your account may be referred to our outside agency for further assistance with resolving this matter.

If you feel there is a questionable doubt of your financial responsibility to this account balance, please contact us so we may pursue any and all avenues. Our billing department is prepared to assist you in all matters of your account.

Thank you in advance for your immediate attention and quick response.

Sincerely,

Pre-Collection Department for:  
Best Care Medical Group

**ACCOUNT NUMBER: 000035**

**AMOUNT NOW DUE: \$200.00**

**PATIENT: John Doe Patient**

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