

MAKE CHECKS PAYABLE TO:

TEST Creek Forest Dental
 16815 Spring Creek
 Forest Dr.
 Spring NY 11111

IF PAYING BY CREDIT CARD, SELECT THE CARD BELOW AND FILL OUT DETAILS.

MASTERCARD
 DISCOVER
 VISA
 AMERICAN EXPRESS

CARD NUMBER		CVV
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCT #
05/30/2024	-\$210.00	6628
		SHOW AMOUNT PAID HERE \$

ADDRESSEE:

TEST 1 PATIENT
 9999 BROKEN ELM DR.
 SPRING TX 77388

REMIT TO:

John Doe
 1234 Abana Path
 Suite 100
 Gotham NY 45603-9351

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

STATEMENT

BALANCE FORWARD

-\$0.00

DATE	PATIENT	DESCRIPTION	CREDITS	CHARGES		
01/01/0001	Test Patient	Balance Forward	-\$0.00	\$0.00		
2/29/2025	Test Patient	CROWN-PORCELAIN FUSED TO HIGH NOBLE MET Tooth 30 /	-\$0.00	\$400.00		
	Test Patient	Est Insurance Insurance Claim from February 29, 2024 was Submitted to Prim. Ins	-\$0.00	\$0.00		
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	Test Patient	Insurance Claim from February 29, 2025 was Submitted to Prim. Insuranc	-\$0.00	\$0.00		
2/29/2025	Test Patient	LIMITED ORAL EVALUATION-PROBLEM FOCUSED / Est Insurance \$10.00	-\$0.00	\$10.00		
			TOTAL CHARGES:	\$410.00		
			ESTIMATED INSURANCE PAYMENT:	\$300.00		
			BALANCE DUE:	\$110.00		
CURRENT	30 DAYS	60 DAYS	90 DAYS	EST. INSURANCE	ON CONTRACT	DUE DATE
\$110.00	\$0.00	\$50.00	\$0.00	\$300.00	\$0.00	03/07/2025

TEST Creek Forest Dental
 (631)370-6911

16815 Spring Creek
 Spring, NY 11111

IF ANY OF THE FOLLOWING HAS CHANGED SINCE YOUR LAST STATEMENT, PLEASE INDICATE . . .

ABOUT YOU:

YOUR NAME (Last, First, Middle Initial)			
ADDRESS			
CITY	STATE	ZIP	
TELEPHONE ()	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
EMPLOYER'S NAME	TELEPHONE ()		
EMPLOYER'S ADDRESS	CITY	STATE	ZIP

ABOUT YOUR INSURANCE:

YOUR PRIMARY INSURANCE COMPANY'S NAME		EFFECTIVE DATE
PRIMARY INSURANCE COMPANY'S ADDRESS		PHONE
CITY	STATE	ZIP
POLICYHOLDER'S ID NUMBER		GROUP PLAN NUMBER
YOUR SECONDARY INSURANCE COMPANY'S NAME		EFFECTIVE DATE
SECONDARY INSURANCE COMPANY'S ADDRESS		PHONE
CITY	STATE	ZIP
POLICYHOLDER'S ID NUMBER		GROUP PLAN NUMBER

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