

DISCOVER CHIROPRACTIC

1234 MAIN STREET
 CHARLESTON WV 25301
 RETURN SERVICE REQUESTED

If you have questions about your bill, call
 DISCOVER CHIROPRACTIC (304)342-0000
 or Health Data Solutions 304-755-8088

Account No.	Statement Date	Account Balance	Payment Due
FERRELL1	Sep 11, 2005	\$27.06	\$27.06
CREDIT CARD	Select Card <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> American Express		
Card No.	Signature		Exp. Date
	Check No.	Amount Paid	
CHECK		Amount Paid	



1

Make checks payable to:

JOHN FERRELL
555 BROWNS MILL RD
SAINT ALBANS WV 25177

DISCOVER CHIROPRACTIC
1234 MAIN ST
CHARLESTON WV 25301

Check if your billing information has changed
 Provide update(s) above or on the reverse side.

Please detach and return top portion with your payment

Messages

- October is Spinal Health Month.
- Join us October 21 at 7:00 p.m. for an open house. Bring your friends and family.
- Free spinal screenings, neck massages, nutrition talks and prizes!

Statement Detail		Statement Date Sep 11, 2005		Account No. FERRELL1
DATE	Bill #	Patient	Description	Amount
07/29/2005	4	JOHN	New Patient Level 3	\$141.00
07/29/2005	4	JOHN	Chiropractic Manipulation	\$46.00
07/29/2005	4	JOHN	X-Ray Lumbosacral A-P & Lateral	\$75.00
08/16/2005	4	JOHN	Insurance Payment	(\$28.24)
08/16/2005	4	JOHN	Insurance Adjustment	(\$10.70)
09/01/2005	4	JOHN	Secondary Insurance Payment	(\$151.12)
09/01/2005	4	JOHN	Insurance Adjustment	(\$51.94)
			Bill # 4 Subtotal	\$20.00
08/01/2005	5	JOHN	Chiropractic Manipulation	\$46.00
08/19/2005	5	JOHN	Insurance Payment	(\$28.24)
08/19/2005	5	JOHN	Insurance Adjustment	(\$10.70)
09/03/2005	5	JOHN	Secondary Insurance Payment	\$0.00
			Bill # 5 Subtotal	\$7.06

Amount Due
\$27.06

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Account No.	Statement Date	Account Balance	Payment Due
CHRISTENS1	Sep 11, 2005	\$103.51	\$103.51
CREDIT CARD	Select Card <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> American Express		
Card No.			Exp. Date
Signature			Amount Paid
CHECK	Check No.	Amount Paid	



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Make checks
 payable to:

RACHEL CHRISTENSEN
987 HIGH ST
WORTHINGTON OH 43085-4020

DISCOVER CHIROPRACTIC
1234 MAIN ST
CHARLESTON WV 25301

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Statement Detail		Statement Date Sep 11, 2005		Account No. CHRISTENS1
DATE	Bill #	Patient	Description	Amount
08/01/2005	1	RACHEL	Chiropractic Manipulation	\$36.00
08/01/2005	1	RACHEL	Electrical Stimulation	\$20.00
08/22/2005	1	RACHEL	INS PMT APPLIED TO DEDUCTIBLE	\$0.00
08/22/2005	1	RACHEL	Insurance Adjustment	(\$3.43)

Bill # 1 Subtotal				\$52.57
08/03/2005	2	RACHEL	Chiropractic Manipulation	\$36.00
08/03/2005	2	RACHEL	Electrical Stimulation	\$20.00
08/23/2005	2	RACHEL	INS PMT APPLIED TO DEDUCTIBLE	(\$19.63)
08/23/2005	2	RACHEL	Insurance Adjustment	(\$3.43)

Bill # 2 Subtotal				\$32.94
08/06/2005	3	RACHEL	Chiropractic Manipulation	\$36.00
08/06/2005	3	RACHEL	Electrical Stimulation	\$20.00
08/29/2005	3	RACHEL	Insurance Payment	(\$34.57)
08/29/2005	3	RACHEL	Insurance Adjustment	(\$3.43)

Bill # 3 Subtotal				\$18.00

**Amount
 Due**

\$103.51

