

Happy Valley Medical Clinic
 5222 E. Baseline Rd.
 Gilbert, AZ 85234
 (800)333-4747

Statement Date	Chart Number	Page
12/31/03	CATSA00	1

Sammy Catera
 7214 Shape Cir.
 Gilbert, 85001

Date	Case	Procedure	<i>Fold here</i>	Charge	Ins #1	Other Ins	Guarantor	Adj	Balance
12/06/02	5	Office Visit Est. Patient EEL (99213)		60.00	0.00	0.00	0.00	0.00	60.00
12/06/02	5	Urinalysis, Routine (81000)		11.00	0.00	0.00	0.00	0.00	11.00

0 - 30 days	31 -60 days	61 -90 days	91 - 120 days	Over 120 days	Amount Due
0.00	0.00	0.00	0.00	71.00	71.00

FINAL NOTICE - PLEASE CONTACT OUR OFFICE TO MAKE PAYMENT

The balance due is your responsibility for the following reasons:

- Your co-pay has changed according to your insurance from ____ to ____ .
- Your coverage was terminated according to your insurance company. Please let us know if you have a different insurance.
- You have exceeded the maximum coverage for the year according to your insurance company.
- Your insurance applied these charges to your deductible.
- A co-pay was not collected at the time of service.
- Your portion of charges due per your insurance company.
- Other: _____

PLEASE NOTE: This statement only shows charges, co-pays, deductibles, services not billable to insurance and other amounts due after we have been paid by your insurance. You are responsible for the immediate payment of the "Amount Due". If you have any questions please call our accounts receivable department at Extension 203 and 212. Thank you.