

MAKE CHECKS PAYABLE TO:

JOHN THOMAS, M.D.
 PO BOX 1234
 HOUSTON, TX 77210-4309

IF PAYING BY MASTERCARD, DISCOVER AMERICAN EXPRESS OR VISA, FILL OUT BELOW

CHECK CARD USING FOR PAYMENT

| | | | |
|--|-----------------------------------|-------------------------------|-------------------------------|
| <input checked="" type="checkbox"/> MASTERCARD | <input type="checkbox"/> DISCOVER | <input type="checkbox"/> AMEX | <input type="checkbox"/> VISA |
| CARD NUMBER | | AMOUNT | |
| SIGNATURE | | EXP. DATE | |
| STATEMENT DATE 12/08/03 | PAY THIS AMOUNT 36.87 | ACCOUNT # 123456 | |
| SHOW AMOUNT PAID HERE | | | \$ |

ADDRESSEE:

JOHN Q. DOE
 123 OAK STREET
 HOUSTON, TX 77080-4111

REMIT TO:

JOHN THOMAS, M.D.
 PO BOX 1234
 HOUSTON, TX 77210-4309

Please detach and return top portion with your payment.

Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

| Date | Doctor | Description | Charges | Payments | Adjustments | Balance | Ins Filed |
|----------|--------|---------------------|---------|----------|-------------|---------|-----------|
| 06/03/03 | THOMAS | C3-HOSPITAL CONSULT | 140.00 | | | 14.47 | Y |
| 06/03/03 | THOMAS | MEDICARE PAYMENT | | -57.00 | | | |
| 06/03/03 | THOMAS | MEDICARE ADJUSTMENT | | | -67.65 | | |
| 06/03/03 | THOMAS | A2 HOSPITAL VISIT | 160.00 | | | 22.40 | Y |
| 06/03/03 | THOMAS | MEDICARE PAYMENT | | -89.61 | | | |
| 06/03/03 | THOMAS | MEDICARE ADJUSTMENT | | | -47.99 | | |

| | | |
|---------|---------------------|-------|
| Message | Total Balance | 36.87 |
| | * Insurance Pending | .00 |
| | Amount Now Due | 36.87 |

| Statement Date | Account Number | Patient | Billing Questions |
|----------------|----------------|-------------|-------------------|
| 12/08/03 | 123456 | JOHN Q. DOE | (832) 249-7611 |