

EUCLID OFFICE  
 520 E EUCLID AVE  
 SAN ANTONIO, TX 78212-4414

45142

RETURN SERVICE REQUESTED

This is a statement for professional services rendered by your physician. You may receive a separate bill from the hospital for its services.

CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA
<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER	SIGNATURE CODE	
SIGNATURE	EXP. DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
03/07/2019	\$14.37	1
PAGE: 1 of 1		SHOW AMOUNT PAID HERE \$

500005A (PC1)



EUCLID OFFICE  
 520 E EUCLID AVE  
 SAN ANTONIO, TX 78212-4414

SAN ANTONIO, TX 78240-1933

45142\*5FK0NC8YZ000001

**STATEMENT**

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

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

DATE OF SERVICE	DESCRIPTION OF SERVICE	CHARGES	CREDITS	BALANCE
01/07/19	Claim:3245, Provider: JEFF BULLOCK, MD			
01/07/19	HOSP SUB CARE-MOD CPLX	180.00		
01/29/19	Medicare of Texas Adjustment		108.11	
01/30/19	BCBS of Texas Payment		57.52	14.37
03/07/19	Coinsurance balance left by insurance for patient to pay			
03/07/19	<b>Your Balance Due On These Services ...</b>			14.37

ACCOUNT TOTAL	CURRENT	30 DAYS	60 DAYS	90 DAYS	OVER 120 DAYS
14.37					

DATE
03/07/2019

MAKE CHECK PAYABLE TO:  
 San Antonio Gastroenterology Associates P.A.

PAY THIS AMOUNT
\$14.37

PHONE #: 210-271-0606

MESSAGE:
----------

45142\*5FK0NC8YZ000001

