



2400 Veterans Blvd | Suite 210 | Kenner LA 70062

Practice Statement

i Please call us to make a payment.
For Billing Inquiries: 504-833-3200

Addressee



JOHN DOE
APT 123
12345 MAIN STREET
MAINLAND, LA 654321

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ONLINE BILL PAY

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Fast, easy and secure.
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Pay Online: adp.mysecurebill.com
myEasyMatch Code: DWV-G6Y-BGT

Account Number
12345

Due Date
02/10/2019

Amount Due
\$534.40

Amount Paid
\$

Please make checks payable and remit to:

LAKESIDE DENTAL CARE
P. O. BOX 505071
ST LOUIS MO 63150-5071

☐ Check if address/insurance changes are on back

myEasyMatch Code: DWV-G6Y-BGT

Please detach and return top portion with payment.

Account Number	Account Name	Statement Date	Due Date
12345	JOHN DOE	01/11/2019	02/10/2019

Date	Service Description	Charges	Payments/ Adjustments	Patient Balance
09/18/2018	Marquesha Moore Periodontal Scaling & Root Planing Per Quadrant	\$252.00		
09/18/2018	Insurance Adjustment Auto		-\$85.00	
09/18/2018	Periodontal Scaling & Root Planing Per Quadrant	\$252.00		
09/18/2018	Insurance Adjustment Auto		-\$85.00	
09/18/2018	Visa (\$66.80 total)		-\$66.80	
	Guardian payment on claim# 101241 (Partially Paid)			
	Estimated Patient Responsibility \$267.20			\$267.20
09/25/2018	Marquesha Moore Periodontal Scaling & Root Planing Per Quadrant	\$252.00		
09/25/2018	Insurance Adjustment Auto		-\$85.00	
09/25/2018	Periodontal Scaling & Root Planing Per Quadrant	\$252.00		
09/25/2018	Insurance Adjustment Auto		-\$85.00	
09/25/2018	Visa (\$66.80 total)		-\$66.80	
	Guardian (primary) billed \$504.00 on claim# 101383			
	Estimated Patient Responsibility \$267.20			\$267.20
12/12/2018	Marquesha Moore Periodontal Maint Proc (Following Active Therap)	\$144.00		
12/12/2018	Insurance Adjustment Auto		-\$48.00	
	topical application of fluoride varnish	\$43.00		
12/12/2018	Insurance Adjustment Auto		-\$18.00	
	Guardian (primary) billed \$187.00 on claim# 102726			
	Estimated Patient Responsibility \$0.00			\$0.00



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STATEMENT SUMMARY

Total Charges:\$1,195.00
Insurance Payments/Adjustments:-\$406.00
Patient Payments/Adjustments:-\$133.60

AMOUNT DUE:

\$534.40

Change of Address

Name (Last, First, Middle Initial)

Address

City

State

ZIP

Telephone

Primary Insurance Updates

Primary Insured Name

Primary Insurance Name

Effective Date

Primary Insurance Street Address

City

State

ZIP

Telephone

Employer Name

Group Number

Subscriber ID #

Policyholder's Date of Birth

Secondary Insurance Updates

Secondary Insured Name

Secondary Insurance Name

Effective Date

Secondary Insurance Street Address

City

State

ZIP

Telephone

Employer Name

Group Number

Subscriber ID #

Policyholder's Date of Birth



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