STAT	EMENT OF ACCOUNT
The Dentist Off Main 1245 S. Main, Ste 100 Grapevine, TX 76051-7522 (817)527-1590	CHART NO. PAGE NO. BILLING DATE
GUARANTOR NAME AND MAILING ADDRESS	AMOUNT ENCLOSED \$
TO ENSURE PROPER CREDIT. PLEASE DETACH AND	RETURN THIS PORTION OF THE STATEMENT WITH YOUR PAYMENT

PLEASE RETAIN	THIS PORTION	OF THE	STATEMENT	FOR YOUR	RECORDS
		····-			

DATE	DESCRIPTION	PATIENT'S NAME	CHARGES	CREDITS
		WEB		
Claims not pa	id in 30days will be sent to TDI.			

PRIOR BALANCE	CURRENT CREDITS	CURRENT CHARGES	NEW BALANCE
	_	-	_

Now you can pay from our website at www.RLthedentist.com under patient resources.