

COSMOPOLITAN DENTISTRY  
 225 ABERDEEN  
 SUITE E  
 VALPARAISO, IN 46385-7761

**BILLING QUESTIONS, CALL:** (219) 548-2322

NAME (as it appears on card)		TYPE OF CARD
CARD NUMBER		CVV CODE
SIGNATURE		EXP. DATE
STATEMENT DATE 7/27/2023	PAY THIS AMOUNT \$0.00	ACCT. # 10746-19797
SHOW AMOUNT PAID HERE		\$

**ADDRESSEE:**  
 TEST A TEST  
 225 ABERDEEN DRIVE  
 VALPARAISO, IN 46385

**REMIT TO:**  
 COSMOPOLITAN DENTISTRY  
 225 ABERDEEN  
 SUITE E  
 VALPARAISO, IN 46385-7761

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

**STATEMENT**

**BALANCE FORWARD:** \$0.00

DATE	PATIENT	CODE	DESCRIPTION	AMOUNT

PAY ONLINE: <https://square.link/u/AWVURntK> (you will need your account #)  
 Past due accounts accrue 1.5% interest/month

**TOTAL CHARGES:** \$0.00  
**INSURANCE ESTIMATED:** \$0.00  
**BALANCE DUE:** \$0.00

CURRENT	30 DAYS	60 DAYS	90 DAYS	EST. INSURANCE	ON CONTRACT	DUE DATE
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		8/27/2023