STATEMENT OF ACCOUNT

Peace Dental, P.C.
1509 Mount Royal Blvd.
Glenshaw, PA 15116-2207

(412)486-5155

CHART NO.	PAGE NO.
013842	1

BILLING DATE
12/20/2023

CREDIT CARD #_____ EXP_____

NAME_____
(As it appears on card)

SIGNATURE_____

TYPE OF CARD_____

SECURITY CODE_____

AMOUNT ENCLOSED
$

GUARANTOR NAME AND MAILING ADDRESS

Dentrx Test
123 Oak Street
Glenshaw, PA 15116

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
11/20/2023	Balance Forward		0.00	

CURRENT BALANCE	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	TOTAL BALANCE
0.00	0.00	0.00	0.00	0.00

AGING ACCOUNT IS REFLECTING FROM DATE OF SERVICE Payment option available at peacedental.com. In the event that your insurance carrier pays less than the estimated amount, you are responsible for the unpaid balance. For your convenience, we offer the option of payment by Visa and MasterCard. When paying by credit card please fill out the credit card information in the remittance portion above.

PLEASE PAY THIS AMOUNT → 0.00

© 1987-2022 Henry Schein, Inc. DLSTM 3