

# STATEMENT

**Remit To:**

Amy Marckese-Braun, D.D.S.  
 DentalSpa, PC  
 5252 E 82nd St  
 Ste 203  
 Indianapolis, IN 46250-5704

IF PAYING BY CREDIT CARD, FILL OUT BELOW.

|                             |                              |                  |
|-----------------------------|------------------------------|------------------|
| NAME(As it appears on card) |                              | TYPE OF CARD     |
| CARD NUMBER                 |                              | AMOUNT           |
| SIGNATURE                   |                              | EXP. DATE        |
| Statement Date:<br>6/7/2022 | Balance Due Now:<br>\$125.33 | Acct#:<br>1      |
| DUE DATE:<br>6/12/2022      |                              | Amount Enclosed: |

If address has changed, please correct.

For Billing Questions, call: (317)578-9666

TO ENSURE PROPER CREDIT, PLEASE DETACH AND RETURN THIS PORTION OF THE STATEMENT WITH YOUR PAYMENT.

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 PLEASE RETAIN THIS PORTION OF THE STATEMENT FOR YOUR RECORDS

| Date | Patient | Code  | Description                                     | Debits | Credits | Balance |
|------|---------|-------|---|--------|---------|---------|
|      |         |       | <b>Balance Forward &gt;&gt;&gt;&gt;&gt;&gt;</b> |        |         | \$0.00  |
|      |         | LTSSE | LATISSE   | 125.33 |         | 125.33  |

Aged balances reflect current values.  
 Est. Insurance reflects current values and will affect Balance Due Now.

|         |         |         |         |             |                |
|---------|---------|---------|---------|-------------|----------------|
| Current | 30 Days | 60 Days | 90 Days | On Contract | Est. Insurance |
| \$0.00  | \$0.00  | \$0.00  | \$0.00  | \$0.00      | \$0.00         |

TO MAKE IT EVEN MORE CONVENIENT FOR OUR GUESTS, WE NOW OFFER  
 ON LINE PAYMENTS BY GOING TO <https://quickclick.com/r/zq0ww> OR BY  
 PAYING ONLINE AT DENTALSPAINDY.COM

**PLEASE PAY  
 THIS AMOUNT**



**\$125.33**

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