

Robinson Dental Group of Lake Charles
 2629 Country Club Road
 Lake Charles, LA 70605-5911
 (337)474-3636

STATEMENT

01/25/2024
 Account Number XXXXXXXX

Amount Due	Date Due	Amount Enclosed
0.00	Upon Receipt	

Jane Doe
 123 Main St.
 New York, NY 12345

CREDIT CARD TYPE _____
 # _____
 3 DIGIT CSV _____
 EXPIRES _____
 AMOUNT APPROVED _____
 NAME _____
 SIGNATURE _____

PLEASE DETACH AND RETURN THE UPPER PORTION WITH YOUR PAYMENT

Total: \$0.00
 -Ins Estimate: \$0.00
=Balance: \$0.00

0-30	31-60	61-90	over 90
0.00	0.00	0.00	0.00

Date	Patient	Code	Tooth	Description	Charges	Credits	Balance
01/25/2024				No Account Activity			

Pay Online: <https://robinsondentalgroup.secure.liquid-payments.net/>