

STATEMENT OF ACCOUNT

Fort Worth Eye Associates
5000 Collinwood Ave
Fort Worth TX 76107

STATEMENT DATE	PAY THIS AMOUNT
3/14/24	\$161.00

Phone: 817.732.5593

Jennifer TestChart
5000 Collinwood Ave
Fort Worth TX 76107

Ann Ranelle DO

Coverage	Insurance	Policy ID
Primary	UNTHSC Office Of CI	12345677

We accept MC/VISA/Discover/AMEX #: _____ Exp: __/__/__

Date Paid / /	Check #	Payment Amount \$	Account#113783
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ALL CHARGES ON THIS STATEMENT ARE DUE ON PRESENTATION. PLEASE RETURN THIS PORTION OF STATEMENT WITH PAYMENT

Last Payment:\$1.00 On:2/9/24

PLEASE RETAIN THIS PORTION OF THE STATEMENT FOR YOUR RECORDS

Services Rendered

Date	Services Description	Charges	Payments	Adjustments	Balance
3/14/2024	EXAM; NEW PT; COMPREHENSIVE	161.00			161.00

Due From Patient:\$ 161.00

Please contact your insurance company to verify benefits.