

STATEMENT OF ACCOUNT

Chart # TP5674G

Progressive Dental - Kirkwood
 1113 US Route 11
 Kirkwood, NY 13795-1644

GUARANTOR / RESPONSIBLE PARTY

TEST PATEINT
 565 Hooper Road
 Endwell NY 13760

PLEASE PAY THIS AMOUNT	AMOUNT ENCLOSED
\$0.00	

BILLING DATE	DUE DATE
07/15/2024	08/14/2024

To ensure proper recording of your payment, please detach and return this portion of the statement with your payment

Please retain this portion of the statement for your own records

DATE	DESCRIPTION	PATIENT NAME	AMOUNT	BALANCE
05/05/2023	Balance Forward			0.00

(*) = Payments have been split between more than one visit. (**) = Pending insurance payment.

BALANCE 0-30 DAYS	BALANCE 31-60 DAYS	BALANCE 61-90 DAYS	BALANCE 90+ DAYS	TOTAL BALANCE	-	ESTIMATED INSURANCE	=	PATIENT PORTION
0.00	0.00	0.00	0.00	0.00		0.00		0.00

Statement Message

We accept Visa, MC, Disc & American Express. The charge for returned checks is \$45.00. We appreciate your business! The highest compliment we could receive is a referral to your family and friends! NEW FEATURE! If you prefer to pay your bill electronically please visit our website www.progressivedentalny.com and click on PAY MY BILL!