

# STATEMENT OF ACCOUNT

<b>CHART NO.</b>	<b>PAGE NO.</b>
KA0073	1
<b>BILLING DATE</b>	<b>DUE DATE</b>

CREDIT CARD # \_\_\_\_\_ EXP. \_\_\_\_\_

NAME \_\_\_\_\_

(As it appears on card)

SIGNATURE \_\_\_\_\_

TYPE OF CARD \_\_\_\_\_

SECURITY CODE \_\_\_\_\_ \$

**AMOUNT ENCLOSED**

\$

**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

PLEASE RETAIN THIS PORTION OF THE STATEMENT FOR YOUR RECORDS				
DATE	DESCRIPTION	PATIENT'S NAME	CHARGES	CREDITS
03/15/2025	Balance Forward		0.00	
<a href="https://ellisdental.secure.lq-pay.net/">https://ellisdental.secure.lq-pay.net/</a>				

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

Click Link Below to directly pay your bill online with Ellis Dental, Thank you for your prompt payment:  
<https://ellisdental.secure.lq-pay.net/>