

STATEMENT OF ACCOUNT

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CHART NO.	PAGE NO. 1
BILLING DATE	

GUARANTOR NAME AND MAILING ADDRESS

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

DATE	DESCRIPTION	PATIENT'S NAME	CHARGES	CREDITS

PRIOR BALANCE	CURRENT CREDITS	CURRENT CHARGES	NEW BALANCE
-	+	=	=

Friendly reminder to please remit payment today! Dear Patients with Insurance, Your dental insurance policy is an agreement between you, your employer, and the insurance company. Treatment fees are estimates only. Insurance estimates are estimates only. The patient / guardian is responsible for insurance claims not paid within 30 days of service.