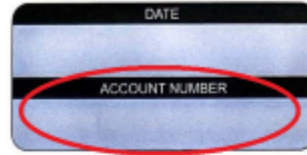


**DR. ARTHUR W. FIELDS
DR. R. JASON PAVELKA**

5800 Colt Rd., Suite 400
Plano, TX 75023
(972) 985-1300
Fax (972) 964-7955

This is an example of your
unique account number that
you will find on your
statement that was sent to
you

STATEMENT



Please Bill My Credit Card

Credit Card #: _____
Exp Date: _____ Visa MasterCard
Security Code: _____ American Express
Signature: _____

AMOUNT ENCLOSED: \$ _____

PLEASE RETURN THIS PORTION WITH PAYMENT

Amount to be paid

DR. ARTHUR W. FIELDS • DR. R. JASON PAVELKA
5800 Colt Rd., Suite 400 • Plano, TX 75023 • (972) 985-1300 • Fax (972) 964-7955

STATEMENT

Fields and Pavelka Oral
Surgery, PLLC
5800 Coit Rd
Suite 400
Plano, TX 75023-

| | |
|----------------|---|
| Page | 1 |
| Statement Date | |
| Patient ID | |

This is an example of your unique
patient ID number that you will
find on the statement that was
sent to you.

Due Now \$

Amount Enclosed \$ _____

Detach Stub and Return with Payment
Keep this portion for your records

| Date | Patient | Patient ID | Description | Amount |
|------|---------|------------|-------------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Current | 31-60 | 61-90 | 91-120 | 121+ | Unapplied | Total |
|---------|-------|-------|--------|------|-----------|-------|
| | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |

| | |
|------------------------|------|
| Current Balance | |
| Less Pending Insurance | 0.00 |
| Due Now \$ | |

Fields and Pavelka Oral
Surgery, PLLC

For billing inquiries call: 972-985-1300

Insurance Last Billed on

Thank you for your prompt payment

Amount to be paid