

Please Make Check Payable To:

Anna Dental
Anna Family Dental, PLLC
2101 W White St., Ste 100
Anna, TX 75409

***** STATEMENT *****

Acct#: 1
Statement Date: 8/31/2023
Balance Due Now: (\$2.00)
DUE DATE: 9/30/2023

Test Tester
123 Street St.
City City, HI 91234

Amount Enclosed: _____

Phone: (972) 924-2452

Please enclose top portion with payment

<u>Date</u>	<u>Patient</u>	<u>Code</u>	<u>Description</u>	<u>Debits</u>	<u>Credits</u>	<u>Balance</u>
				Balance Forward >>>>>>>		(\$2.00)

Balance Due:	(\$2.00)
- Estimated Insurance:	\$0.00
>>>>>>>>>> Balance Due Now:	(\$2.00)

<u>Current</u>	<u>30 Days</u>	<u>60 Days</u>	<u>90 Days</u>	<u>Est. Insurance</u>	<u>On Contract</u>
(\$2.00)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00