

**Your Clinic Name Here**  
11809 Mira Vista Way  
Austin, 78726  
Phone:  
Fax:

**Kavi E**  
**Chart Number: 9**  
**Generated on: 2019-01-23**  
**Provider: Administrator Administrator**

**ADDRESSED TO**  
Kavi E  
R Nager  
Cbe, UT 641045

**REMIT TO**  
Your Clinic Name Here  
11809 Mira Vista Way  
Austin, , 78726

STATEMENT SUMMARY

Visit Date	Description	Amount
2019-01-03	Procedure 12:fever	1500.00

Name: Kavi E Date: 2019-01-23 Due: 1500.00

Please call if any of the above information is incorrect.  
We appreciate prompt payment of balances due.

Billing Department

Please return this bottom part with your payment

If paying by VISA/MC/Discovery/HSA

Card: \_\_\_\_\_ Exp: \_\_\_ / \_\_\_ CVV: \_\_\_

Signature \_\_\_\_\_

**Total amount due: 1500.00**  
Payment Tracking Id: 9  
Amount Paid: \_\_\_\_\_ Check #: