

Pay to:
 Eye Center of Central Texas
 1817 SW H.K Dodgen Loop
 Temple, TX 76502
 (877) 842-3611

Patient Statement
 Tuesday, March 12, 2002

Amount Due	Amount Paid
\$25.00	

Payment Type:

- Cash Check
 Visa Mastercard
 Discovery American Express

Account # _____

Expiration Date ____/____/____

Signature _____

Date ____/____/____

Reflects transactions posted through 3/12/2002

(Detach and remit with Payment)

Date	Description	Check #	Fee	Units	Insurance	Patient
Tibor G Balogh(9990)/Alan C Jones MD/ECCT012579						
Location: Eye Center of Central Texas						
02/27/2001	NP-Int. Med. Eye Exam		\$67.00	1.00	\$0.00	\$67.00
02/27/2001	Removal of foreign body; corneal, with slit lamp		\$174.00	1.00	\$0.00	\$174.00
02/28/2001	Payment from Tibor Balogh	1173			\$0.00	(\$25.00)
06/19/2001	Payment from Tibor Balogh	1232			\$0.00	(\$10.00)
07/24/2001	Payment from Tibor Balogh	1014			\$0.00	(\$15.00)
10/03/2001	Payment from Tibor Balogh	1242			\$0.00	(\$15.00)
12/14/2001	Payment from Tibor Balogh	1038			\$0.00	(\$15.00)
01/16/2002	Payment from Tibor Balogh	1053			\$0.00	(\$15.00)
Balance:					\$0.00	\$146.00

The agreement was to pay \$25⁰⁰ a month this needs to be paid every month per agreement or we'll have to send to collection - Thank you

The agreement was that the total bill for this would not be over 80 dollars. Please honor this agreement.

Thank You!

3:04-CV-1506-H

(2)

Deposit	0-30	31-60	61-90	91-120	Over 120	Total Balance	Ins. Balance	Pat. Balance
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$146.00	\$146.00	\$0.00	\$146.00