



PO BOX 3087
HAMMOND, LA 70404-3087

Billing Inquiries (985) 370-3000
Office Hours Mon-Fri 8am-5pm

STATEMENT

STATEMENT DATE: June 28, 2014	ACCOUNT #: 12618389	PAY THIS AMOUNT: \$36.00
Date:		Balance:
4/2/2014		36.00



ONLINE PAYMENT: Mforrest88aep.revexpress.com
PASSWORD: mich#988
TOLL-FREE: 985-370-3000

Thank you for choosing the Revenue Pros.
This balance is your responsibility. Please submit payment in full upon receipt of this statement.

***NOTICE: THIS IS A BILL BASED UPON INFORMATION FROM YOUR HEALTH PLAN.
YOU OWE THE AMOUNT SHOWN.**

If you have insurance coverage not previously provided, please fill out the back of this letter.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DEPT 849 4567890123456
PO BOX 4115
CONCORD CA 94524

1234567890123456

ADDRESS SERVICE REQUESTED

#BWNFTZF #1234567890123456#



MICHAEL FORREST
123 MAIN STREET
RICHMOND VA 23225



Account Number: 12618389	Amount: 36.00
Signature:	Due Date: 12/15/2014
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS	
Card Number:	CVV: Exp. Date:
STATEMENT DATE June 28, 2014	CURRENT AMOUNT DUE \$36.00
AMOUNT ENCLOSED	

Please check box if above address is incorrect or insurance information has changed, and indicate changes on reverse side.

REVENUE PROS
PO BOX 3087
HAMMOND LA 70404-3087

Please use this space to make corrections to your address or insurance information.

Name: _____ Account No: _____ Phone: _____

Address: _____

Business Phone: _____ Employer: _____

Employer Address: _____

Insurance Company: _____ Effective Date: _____

Insurance Company Address: _____ Phone: _____

Insurance Policy or Contact No: _____ Group No: _____

Policy Holder's Name: _____ Phone: _____

Policy Holder's Date of Birth: _____ Policy Holder's Gender: M F Policy Holder's Social Security No: _____

Patient's Relationship to Insured: Self Spouse Child Other _____