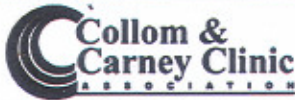


MAKE CHECKS PAYABLE TO



5002 COWHORN CREEK RD
TEXARKANA, TX 75503-9766

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IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMEX, FILL OUT BELOW.

CHECK CARD USING FOR PAYMENT

MASTERCARD MASTER
 DISCOVER
 VISA
 AMEX

CARD NUMBER _____ EXP. DATE _____ ID CODE _____

NAME ON CARD _____ SIGNATURE _____

STATEMENT DATE: 05/21/14 PAY THIS AMOUNT: \$77.77 ACCOUNT NUMBER: 0099119999

*LAST THREE DIGITS ON BACK OF CREDIT CARD SHOW AMOUNT PAID HERE \$

ADDRESSEE

QSC0522B
4000000001 1/1



QSI - QUIC DEPT
MSIC01 05/21/14
18111 VON KARMAN, SUITE 700
IRVINE CA 92612-7110

Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

STATEMENT

*IDENTIFICATION CODE: LAST THREE DIGITS ON BACK OF MC, DISCOVER, AND VISA AMEX: 4 DIGIT NUMBER PRINTED ABOVE ACCOUNT NUMBER ON THE FACE OF CARD

DATE	PATIENT	PROVIDER	CPT4	DESCRIPTION OF SERVICE	CHARGE	RECEIPT FROM INS.	RECEIPT FROM PAT.	ADJUST.	INS. BAL.	PAT. BAL.
05/14/14	P	Williams	73000	X-RAY EXAM CLAV- ICLE, COMPLETE	\$85.00				\$85.00	\$0.00
Thank You For Your Prompt Payment										
CURRENT	30-60 DAYS	60-90 DAYS	90-120 DAYS	OVER 120 DAYS	TOTAL ACCOUNT BALANCE	DUE FROM PATIENT \$77.77				
\$85.00	\$0.00	\$0.00	\$0.00	\$0.00	\$85.00					

For Billing Questions Please Call 903-614-3015