

# STATEMENT

**Remit To:**

Angel Mantchev, DDS  
806 E 8th Street  
Port Angeles, WA 98362-6419

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James Starr  
338 Hunt Rd  
Port Angeles, WA 98363

If address has changed, please correct.

IF PAYING BY CREDIT CARD, FILL OUT BELOW.

NAME(As it appears on card)		TYPE OF CARD
CARD NUMBER		AMOUNT
SIGNATURE		EXP. DATE
Statement Date:	Balance Due Now:	Acct#:
1/21/2020	\$0.00	5949
DUE DATE: 2/20/2020		Amount Enclosed:

For Billing Questions, call: (360)452-7666

TO ENSURE PROPER CREDIT, PLEASE DETACH AND RETURN THIS PORTION OF THE STATEMENT WITH YOUR PAYMENT.

PLEASE RETAIN THIS PORTION OF THE STATEMENT FOR YOUR RECORDS

Date	Patient	Code	Description	Debits	Credits	Balance
12/23/2019	Robert (Bobby)	Ins Paymnt	Insurance Check: Number 947415N for claim from 12/16/2019		-57.96	413.04
12/23/2019	Robert (Bobby)	Credit Adj.	Insurance Adjustment: Credit Account On Closing of Claim		-135.04	278.00
12/23/2019	Rosillian (Lilly)	Ins Paymnt	Insurance Check: Number 947415N for claim from 12/16/2019		-81.52	196.48
12/23/2019	Rosillian (Lilly)	Credit Adj.	Insurance Adjustment: Credit Account On Closing of Claim		-196.48	0.00
1/8/2020	James	D2950	CORE BUILDUP, INCLUDING ANY PINS Tooth 14	298.00		298.00
1/8/2020	James	D2740	CROWN PORCELAIN/CERAMIC Tooth 14	1,202.00		1,500.00
1/8/2020	James	D2392	RESIN-BASED COMPOSITE-TWO SURFACE, POST. Tooth 13 Surface DO	277.00		1,777.00
1/8/2020	James	Credit Adj.	DoJo Discount 15%:		-266.55	1,510.45
1/21/2020	James	Acct Paymnt	Credit Card:		-1,510.45	0.00

Balance Due
\$0.00

Current	30 Days	60 Days	90 Days	On Contract	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

THANK YOU! Refer a patient and receive a \$50 credit to your account.

PLEASE PAY  
THIS AMOUNT



\$0.00