

**Make Checks Payable To:**

San Antonio Gastroenterology Endo Center  
 PO Box 305250  
 Nashville, TN 37230-5250  
 USA

<b>IF PAYING BY CREDIT CARD, FILL OUT BELOW</b>		
CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> American Express	<input type="checkbox"/> Discover	<input type="checkbox"/> Mastercard
<input type="checkbox"/> VISA		
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
03/08/2019	\$1,900.00	21254
<b>SHOW AMOUNT PAID HERE \$</b>		

**ADDRESSEE:**

Test, Test  
 4545 Test St  
 Desoto, TX 75115  
 USA

**REMIT TO:**

San Antonio Gastroenterology Endo Center  
 PO Box 305250  
 Nashville, TN 37230-5250  
 USA  
 (855) 258-9497

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

**PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT**

**Thank you for choosing our facility.**

Date	Description Of Service	Amount	Insurance Balance	Patient Balance	Balance	
03/08/19	ENCOUNTER 33799 FOR TEST WITH SAN ANTONIO GI ENDOSCOPY CENTER					
03/08/19	43235 - UPPR GI ENDOSCOPY, DIAGNOSIS	\$1,900.00		\$1,900.00		
	<b>ENCOUNTER TOTAL</b>	<b>\$1,900.00</b>	<b>\$0.00</b>	<b>\$1,900.00</b>	<b>\$1,900.00</b>	
YOU CAN NOW PAY YOUR BILL ON-LINE! GO TO <a href="https://pay.instamed.com/SGIE">https://pay.instamed.com/SGIE</a>						
Account Number	Current	30 Days	60 Days	90 Days	120 Days	Total Account Balance
21254	\$1,900.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,900.00

MESSAGE:  
 For Questions Call 855-258-9497 ^^YOU CAN PAY YOUR BILL ON LINE!^^GO TO <https://pay.instamed.com/SGIE>

Please Pay This AMOUNT >>>> \$1,900.00
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**\*\* PAYMENT DUE UPON RECEIPT \*THANK YOU \*\*  
 STATEMENT**