

**Pricing:** \$30 for Each live BillFlash account per month.  
 \$0.68 for first white page, return coupon/envelope and postage. \$0.14 for each additional white page  
 \$0.01 fore Each color page (Blue, Green or Red). \$0.50 for Each address update.



# Statements Made Easy!

You Upload — We Print and Mail

## Healthcare Design Features

**Service Messages**  
 Customize up to 3 lines

**Change Checkbox**  
 Prompt to receive changed information

**Multiple Messages**  
 Print 1 prominently displayed and up to 5 additional messages

**Detail Section**  
 Select/customize up to 9 columns

**Aging**  
 Select/customize up to 5 sub boxes

Family Medical center  
 28000 N. Lake Pleasant Rd. Suite 100  
 Peoria AZ 85383

For Billing Inquiries Call:  
 (623) 457-8000

Davis, James P  
 8123 W. Pinnacle Peak Rd.  
 Peoria AZ 85382

Please complete payment information.

Account No.	Statement Date	Amount Due
DAVJA009	6/24/2009	71.00

**Credit Card**  Select Card  Visa  Mastercard  Discover  AMEX

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Signature \_\_\_\_\_ 3-4 Digit Code \_\_\_\_\_

**Check**  Check No. \_\_\_\_\_ Amount Paid \_\_\_\_\_

Make checks payable to:  
 Family Medical center  
 28000 N. Lake Pleasant Rd. Suite 100  
 Peoria AZ 85383

Check if your billing information has changed. Provide update(s) above or on reverse side. Please detach and return top portion with payment.

**Messages**

- You have older charges that may be in collections or debt set-off and are not reflected on this statement. Payments received if you have questions regarding your account, please contact our billing department.
- \*\* - Balance Due reflects charges which have been billed and responded to by your insurance carrier. Additional charges on pending and will be reflected on future statements.

Statement Detail				Statement Date 6/24/2009		Account No. DAVJA009			
Date	Name	Procedure	Description	Billed	Ins. Paid	Pat. Paid	Adjust.	Due	
7/31/2007	Davis, James P	99212	OFFICE/OUTPATIENT VISIT, EST	50.00	-40.00			-4.00	6.00
7/31/2007	Davis, James P	97124	MASSAGE THERAPY	75.50	-60.00			-6.50	9.00
			Sub Total	125.50	-100.00			-10.50	15.00
6/10/2009	Davis, Paige I	99000	SPECIMEN HANDLING	10.00	-1.00				9.00
6/10/2009	Davis, Paige I	43220	ESOPH ENDOSCOPY, DILATION	48.00	-1.00				47.00
			Sub Total	58.00	-2.00				56.00

Aging	Current	30 Days	60 Days	90 Days	120+ Days	Amount Due
	56.00				15.00	71.00

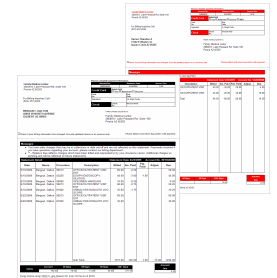
Family Medical center 28000 N. Lake Pleasant Rd. Suite 100 Peoria AZ 85383  
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**Payment Summary**  
 -Select/customize up to 4 boxes  
 -Select credit cards to display  
 -Capture 3-4 digit Security Code

**Processing Bar Codes**  
 Ensure 100% delivery accuracy

**Perforation**  
 Perforated paper for easy separation

**Color Ink Options**  
 Black, Blue, Green, and Red



**Payment Due Boxes**  
 Select/customize up to 2 boxes

### Advanced Features

#### Online Document Management Controls

**eApprove** - REVIEW, APPROVE or REJECT uploaded files,  
 Delete Single Documents and Modify Messages.  
**eView** - VIEW and PRINT 12 months of mailed documents.

#### Address Updating Service ("NCOALink")

With NCOALink, we update changed addresses for correct mailing and provide you with a changed address report. (Optional service.)

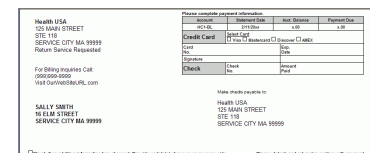
#### Learn More

**Contact:** Total MD—Sales Department  
**Visit:** BillFlash.com  
**Email:** Sales@totalmd.com  
**Call:** (800) 613-7597  
**Enroll Now:** BillFlash.com **Reseller ID:** 80481

**Outgoing Envelope (No. 10)**  
 Double window, address, and barcode save time & money



**Payment Return Coupon**  
 Speeds accurate payment posting



**Return Envelope (No. 9)**  
 Your name, address, and barcode show for timely/accurate delivery

