



810 EAST 23RD STREET  
SIOUX FALLS, SD 57105-2135

1 - 1328

**BILLING:** (605) 336-1646  
**APPOINTMENTS:** (605) 331-5890  
**TOLL FREE:** (888) 331-5890

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA
CARD NUMBER	AMOUNT	
SIGNATURE	EXP. DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
4/07/08	148.00	123211
SHOW AMOUNT PAID HERE		\$

ADDRESSEE:

TOMMY L JAQUA  
333 S SPRING  
SIOUX FALLS SD 57104

REMIT TO:

ORTHOPEDIC INSTITUTE  
P.O. BOX 5116  
SIOUX FALLS, SD 57117-5116

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

**STATEMENT**

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	DESCRIPTION	CHARGE AMOUNT	AMOUNT PAID	AMOUNT ADJ	AMOUNT DUE	ENCOUNTER
3/04/08	STATEMENT BALANCE	2,242.00				
SUMMARY FOR TOMMY WITH P LOOBY ON 02/07/08						15281363
2/07/08	OFFICE VISIT-NC					
SUMMARY FOR TOMMY WITH D SEMCHENKO ON 02/11/08						15298045
2/11/08	OFFICE VISIT-NC					
SUMMARY FOR TOMMY WITH W CARLSON ON 02/11/08						15308851
2/11/08	OFFICE VISIT-NC					
SUMMARY FOR TOMMY WITH P LOOBY ON 02/20/08						15328917
2/20/08	OFFICE VISIT-NC					
SUMMARY FOR TOMMY WITH P LOOBY ON 02/01/08						15361751
3/26/08	BERKLEY ADMIN		1,276.38			
3/26/08	WC DISALLOWED			817.62		
SUMMARY FOR TOMMY WITH W CARLSON ON 02/11/08					148.00	15368848

A FINANCE CHARGE OF 1.2% WILL BE ADDED EACH MONTH ON ANY UNPAID BALANCE AFTER 90 DAYS.

STATEMENT DATE	ACCT NUMBER	CURRENT	30-59 DAYS	60-89 DAYS	90-119 DAYS	OVER 120 DAYS	ACCT. BALANCE
4/07/08	123211	.00	148.00	.00	.00	.00	148.00

THIS STATEMENT SHOWS THE CHARGES FOR SERVICES YOU RECEIVED UNDER YOUR WORKERS' COMPENSATION. THEY ARE YOUR RESPONSIBILITY IF NOT PAID BY WORK COMP. WC BILLING:339-6826

**PAY THIS AMOUNT**  
148.00



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