



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

1 - 1389

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. #
3/04/08	2,242.00	123211
SHOW AMOUNT PAID HERE		\$

ADDRESSEE:

REMIT TO:

TOMMY L JAQUA
333 S SPRING
SIOUX FALLS SD 57104

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
SUMMARY FOR TOMMY WITH P LOOBY ON 02/01/08						15361751
2/01/08	HOSPITAL ADMISSION				2,094.00	
2/01/08	INT.HOSP.EXAM-LOW	148.00				
2/01/08	LIGATION-ART.EXTREM.	1,946.00				
2/01/08	NC FOR OC-90 DAYS					
2/01/08	HOSPITAL DISMISSAL					
3/04/08	BERKLEY RISK ADMINISTRATO*CLAIM FILED*					
SUMMARY FOR TOMMY WITH W CARLSON ON 02/11/08						15368848
2/11/08	HOSPITAL ADMISSION				148.00	
2/11/08	INT.HOSP.EXAM-LOW	148.00				
2/13/08	HOSPITAL DISMISSAL					
3/04/08	BERKLEY RISK ADMINISTRATO*CLAIM FILED*					

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
3/04/08	123211	2,242.00	.00	.00	.00	.00	2,242.00

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
2,242.00



810 EAST 23RD ST.
SIOUX FALLS, SD 57105-2135