

Collection Letters Sent

Gerald Spencer DDS OFFICE COMPUTER SYSTEMS INC.

[REDACTED]

Past 60: 0.00 **Past 90:** 123.00
Letters Sent: Date Sent:
COLLECTION LETTER #3 - OCS 7/26/01

[REDACTED]

Past 60: 0.00 **Past 90:** 50.00
Letters Sent: Date Sent:
COLLECTION LETTER #1 - OCS 6/28/01

[REDACTED]

Past 60: 0.00 **Past 90:** 60.06
Letters Sent: Date Sent:
COLLECTION LETTER #2 - OCS 7/26/01

[REDACTED]

Past 60: 0.00 **Past 90:** 21.40
Letters Sent: Date Sent:
COLLECTION LETTER #2 - OCS 6/4/01

[REDACTED]

Past 60: 0.00 **Past 90:** 44.00
Letters Sent: Date Sent:
COLLECTION LETTER #3 - OCS 6/11/01

[REDACTED]

Past 60: 0.00 **Past 90:** 13.48
Letters Sent: Date Sent:
COLLECTION LETTER #3 - OCS 6/4/01

[REDACTED]

Past 60: 0.00 **Past 90:** 197.60
Letters Sent: Date Sent:
COLLECTION LETTER #2 - OCS 6/28/01

[REDACTED]

Past 60: 0.00 **Past 90:** 286.40
Letters Sent: Date Sent:
COLLECTION LETTER #1 - OCS 6/28/01

[REDACTED]

Past 60: 0.00 **Past 90:** 185.42
Letters Sent: Date Sent:
COLLECTION LETTER #2 - OCS 6/28/01

[REDACTED]

Past 60: 0.00 **Past 90:** 47.40
Letters Sent: Date Sent:
COLLECTION LETTER #3 - OCS 6/28/01

August 24, 2004

Cynthia Adams
345 N Jamison St
Seattle Wa 98111

Dear Cindy,

We would like to call your attention to your account. Since we have not received payment from you, we are wondering if our statements of the last months have reached you.

If you are unable to make payment immediately, please let us know when we can expect your remittance.

If you are unable to pay \$1087.78 in full, we would be happy to set up a financial arrangement for you. Please stop in or call our office immediately.

Sincerely,

Office Manager

August 24, 2004

Cynthia Adams
345 N Jamison St
Seattle Wa 98111

Dear Cindy,

An audit has been made of all accounts over 60 days old.
Unfortunately, we find yours to be one of these.

We would appreciate very much your sending a check for the full amount
of your account or calling our office for alternate arrangements.
Your account must be taken care of immediately.

\$1087.78 is your account total.

Please save yourself the extra expense of being turned over to a
collection agency.

Sincerely,

Administrative Co-Ordinator

August 24, 2004

Cynthia Adams
345 N Jamison St
Seattle Wa 98111

Dear Cindy,

We have tried, unsuccessfully, to work with you for many months.
Unfortunately, you still have not resolved your past due balance.

Please send your remittance for the full amount of your account today.
If we do not receive payment within 10 days of the date above, your
account will be turned over for collection.

\$1087.78 is your account total.

Sincerely,

Administrative Co-Ordinator

August 24, 2004

Jane Abbott
345 N Jamison St
Seattle, Wa 98111

Dear Jane,

Thank you for your referral of Reba Mosley to our office. The highest compliment our patients can give us is the referral of their family and friends. We truly appreciate your confidence in our office and will strive to continue serving you with quality and excellence.

Sincerely,

Janice Besom
Office Manager

Patient Treatment Plan
from the office of
Gerald Spencer DDS
1065 12th Ave NW Suite E1
Issaquah, WA 98027-
425-391-0664 425-391-0776

August 24, 2004

Abraham Lincoln
 1061 Pennsylvania Ave
 Grapeview WA 98546

Dear Abe:

The following is an estimation of your desired treatment at this time. Any insurance benefits available are also listed below for your convenience.

Procedure	Tooth/Surf	Fee		Ins Deductible		Net Amount	Insurance		Patient
		Fee	Allowed	Adj	Applied		Est Pmt		
2750 CROWN-PORCELAIN/HIGH NOBL	4	900.00	900.00	0.00	0.00	900.00	50%	450.00	450.00
2750 CROWN-PORCELAIN/HIGH NOBL	5	900.00	900.00	0.00	0.00	900.00	50%	450.00	450.00
2750 CROWN-PORCELAIN/HIGH NOBL	13	900.00	900.00	0.00	0.00	900.00	50%	450.00	450.00
		2700.00	2700.00					1350.00	1350.00

Insurance paid this year: **\$360.49**
 Unpaid insurance claims currently pending: **\$90.00**
 Estimated Insurance exceeds yearly maximum allowed by: **\$300.49**
 Estimated Net Patient Responsibility: **\$1,650.49**
 Your benefit year maximum is: **\$1,500.00**
 Yearly Deductible:
 Your benefit year is **January 1st - December 31st**

Regardless of any estimated insurance coverage, any fees incurred are the responsibility of the patient.

As a part of our providing this estimate and a copy for your use, our office policy requires your signature below.

Signed _____ Date _____