

AK FITNESS THERAPY CENTER
2903 JUDSON ROAD
LONGVIEW, TX 75605-1803

Patient Name:
For all billing questions, call: 903-663-6332
Fax: 903-663-6347





52936-20



Patient Name
1234 ABC Lane
Longview, TX

0021 004043

| IF PAYING BY VISA OR MASTERCARD, FILL OUT BELOW | | |
|---|-----------|--|
| <input type="checkbox"/> VISA  <input type="checkbox"/> MASTERCARD  | | |
| CARD NUMBER | EXP. DATE | AMOUNT |
| SIGNATURE | | MUST INCLUDE 3 DIGIT SECURITY CODE FROM BACK OF CARD |

| STATEMENT DATE | PAY THIS AMOUNT | ACCOUNT NO. |
|--|-----------------|--------------------------|
| 08/24/2020 | | 123456 |
| CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT. | | SHOW AMOUNT PAID HERE \$ |

Your Account Number

MAKE CHECKS PAYABLE / REMIT TO:

AK FITNESS THERAPY CENTER
2903 JUDSON ROAD
LONGVIEW, TX 75605-1803



STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH
YOUR PAYMENT IN ENCLOSED ENVELOPE

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