

MAKE CHECKS PAYABLE TO



MINNESOTA
EYE LASER & SURGERY CENTERS

9801 DUPONT AVE S SUITE 425
BLOOMINGTON, MN 55431-3180

Billing Office: (952) 567-6063
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ADDRESSEE

QJ102050
4000000001 1/1



JANE DOE
1234 MAIN AVE
MINNEAPOLIS, MN 55428

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

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

STATEMENT

IF PAYING BY CREDIT CARD, PLEASE FILL OUT BELOW
CIRCLE CARD TYPE BELOW



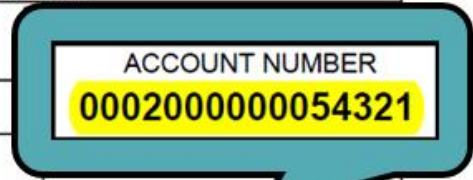
VISA



MASTER



DISCOVER



ACCOUNT NUMBER
000200000054321

CARD NUMBER

NAME ON CARD

STATEMENT DATE 02/01/20	PAY THIS AMOUNT \$XXX.XX	ACCOUNT NUMBER
PAYMENT DUE DATE DUE UPON RECEIPT	SHOW AMOUNT PAID HERE \$	

PLEASE REMIT TO



MINNESOTA EYE LASER AND SURGERY CENTERS
9801 DUPONT AVE S SUITE 425
BLOOMINGTON MN 55431-3873