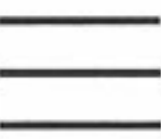


STATEMENT

Singleton Associates PA
 3630 Wakeforest
 Houston TX 77098

CHECK CREDIT CARD USING FOR PAYMENT AND FILL OUT BELOW.

<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER		AMOUNT	
NAME ON CARD (PLEASE PRINT)		EXP. DATE	
SIGNATURE			
STATEMENT DATE 04/06/2004	ACCOUNT # 1234567 -QSAPA	PAY THIS AMOUNT \$180.00	



Office Hours: 8am - 5pm, Mon. - Fri.
 Phone: 713/331-1850 Toll Free: 800/RMI-XRAY TIN 74-1680498

Guarantor: John Doe
 Invoice #: 852972

AMOUNT PAID



*13 **AUTO**3-DIGIT 770 02445



John Doe
 3233 Elm St.
 Houston TX 77042

MAKE CHECK PAYABLE & REMIT TO:



Singleton Associates PA
 Dept. 808
 PO Box 4346
 Houston TX 77210-4346

RMIPHY04-0078771-0002445-0360010-001-001283-#003365
 PLEASE CHECK BOX IF ABOVE ADDRESS IS INCORRECT AND INDICATE CHANGES ON BACK.

DETACH HERE AND RETURN THIS TOP PORTION WITH YOUR PAYMENT USING THE RETURN ENVELOPE ENCLOSED

DATE	CODE	DESCRIPTION OF SERVICES	AMOUNT	PAID BY INS	ADJUST	YOU PAID	YOU OWE
CHARGES FOR PATIENT: Jane Doe (1234567-QSAPA)							
12/05/03	36488	IV CENTRAL CATH < 2 YR	\$385.00	\$269.50			\$115.50
12/05/03	76942-26	US GUIDE NEEDLE PLACEM	\$158.00	\$93.50			\$64.50

ADDITIONAL INFORMATION CONCERNING YOUR ACCOUNT

YOUR BALANCE APPEARS IN THE PAY THIS AMOUNT BOX. PROMPT PAYMENT IS EXPECTED. THANK YOU.

BALANCE DUE: \$180.00

Guarantor: Account Number: 1234567 -QSAPA Statement Date: 04/06/2004

Invoice #: 852972

Singleton Associates PA
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 PO Box 4346
 Houston TX 77210-4346