

CITY OF GARLAND
 DIGITECH COMPUTER, INC.
 BILLING ON BEHALF OF THE CITY OF GARLAND
 480 BEDFORD RD, BLDG 600, 2ND FLOOR
 CHAPPAQUA, NY 10514-1702
 RETURN SERVICE REQUESTED



TO PROVIDE INSURANCE INFORMATION ONLINE PLEASE VISIT HTTPS://GARLAND.PAYAMBULANCE.COM		
STATEMENT DATE 09/19/17	PAY THIS AMOUNT \$488.00	INVOICE # DGARL4

SHOW AMOUNT PAID HERE: \$ _____

GARL-22 000000003



TEST DOE
 1234 TEST STREET
 GARLAND TX 75040-0000

▼ **Payment Address** ▼

CITY OF GARLAND
 PO BOX 733881
 DALLAS, TX 75373-3881

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

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

INVOICE

N #: 3

PATIENT NAME	INVOICE #	INCIDENT #	INVOICE DATE		
TEST DOE	DGARL4	22	09/19/17		
ORIGIN:		DESTINATION:			
PATIENT RESIDENCE 1234 TEST STREET GARLAND, TX 75040		BAYLOR OF GRAPEVINE 1650 WEST COLLEGE ST GRAPEVINE, TX 76051			
DATE OF SERVICE	DESCRIPTION OF SERVICES PERFORMED	RATE	QTY	CHARGE	PAYMENTS & ADJUST.
09/14/17	A0427 ALS RESIDENT	\$500.00	1.0	\$500.00	
09/14/17	A0425 MILEAGE	\$10.00	15.0	\$150.00	
				BALANCE DUE UPON RECEIPT OF THIS INVOICE:	\$650.00
THIS IS YOUR THIRD NOTICE. PLEASE RESPOND IMMEDIATELY TO AVOID FURTHER COLLECTION ACTIVITY.					
FOR INQUIRIES CALL 833-810-5004 MON-FRI (8AM-5PM CST) OR EMAIL GARLAND@PAYAMBULANCE.COM					

ABOUT YOU:

YOUR NAME (Last, First, Middle Initial)

ADDRESS

CITY STATE ZIP

TELEPHONE

()

MARITAL STATUS

Single

Separated

Married

Divorced

Widowed

EMPLOYER'S NAME

EMPLOYER'S TELEPHONE

()

EMPLOYER'S ADDRESS

CITY STATE ZIP

ABOUT YOUR INSURANCE:

SOCIAL SECURITY NUMBER

YOUR PRIMARY INSURANCE CO. NAME EFFECTIVE DATE

PRIMARY INSURANCE CO. ADDRESS PHONE

CITY STATE ZIP

POLICYHOLDER'S ID NUMBER GROUP PLAN NUMBER

YOUR SECONDARY INSURANCE CO. NAME EFFECTIVE DATE

SECONDARY INSURANCE CO. ADDRESS PHONE

CITY STATE ZIP

POLICYHOLDER'S ID NUMBER GROUP PLAN NUMBER