



**UW School of Dentistry**  
 1959 NE Pacific Street BOX 357131  
 Seattle, WA 98195-7131



# PATIENT STATEMENT

AMOUNT NOW DUE	STATEMENT DATE	CHART NUMBER
-1,612.00	Dec 10, 2024	298252

**ADDRESSEE:**

586.953464.D1.1  
 JEANNE HOFFMAN  
 D3-292  
 321 HIGH SCHOOL RD NE  
 BAINBRIDGE ISLAND WA 98110-2647

**MAIL PAYMENT TO:**

**UW School of Dentistry**  
 1959 NE Pacific Street BOX 357131  
 Seattle, WA 98195-7131

Check payable to: UW School of Dentistry

Please check if above address is incorrect and indicate changes

PLEASE DETACH AND RETURN THE TOP PORTION OF THIS RECEIPT WITH YOUR PAYMENT. RETAIN BOTTOM PORTION FOR YOUR RECORDS

DATE	PROC	TOOTH# SURF	PROCEDURE DESCRIPTION	TOTAL AMOUNT	EST. INS. PORTION	EST. PAT. PORTION
			Balance prior to: September 10, 2024	847.00	2,459.00	-1,612.00
Patient Name: Jeanne Hoffman					Chart Number: 298252	
				\$0.00	\$0.00	\$0.00

**Comments:**

You can pay your bill online.  
 Join us at:  
[www.dental.uw.edu/pay](http://www.dental.uw.edu/pay)

TOTAL DUE	INS DUE	PATIENT DUE
847.00	2,459.00	-1,612.00

**ABOUT YOUR STATEMENT**

Patients are encouraged to pay their balances online here: [www.dental.uw.edu/pay](http://www.dental.uw.edu/pay). Credit card payments via mail are no longer accepted. A patient is responsible for balance not paid by insurance. Please call 206-543-5297 if you have any questions related to your outstanding balance. Any and all correspondence concerning disputed debts, including any tender of a check or other written instrument as full satisfaction of a debt, must be sent to the SoD Office of Clinical Accounting, 1959 NE Pacific Street, Box 356365, Seattle, WA 98195-6365.

**PATIENT IS RESPONSIBLE FOR BALANCE NOT PAID BY INSURANCE.**

IMPORTANT MESSAGE REGARDING YOUR ACCOUNT					GUARANTOR: Jeanne Hoffman		Chart # 298252
	CURRENT BALANCE	BAL. OVER 30 DAYS	BAL. OVER 60 DAYS	BAL. OVER 90 DAYS	BAL. OVER 120 DAYS	PAYMENTS RECEIVED AFTER STATEMENT CLOSING DATE ARE NOT REFLECTED ON THIS STATEMENT	
PENDING INSURANCE	0.00	0.00	0.00	0.00	2,459.00	STATEMENT CLOSING DATE: Dec 10, 2024	
PATIENT RESPONSIBILITY	-1,612.00	0.00	0.00	0.00	0.00		

**Date Due:**  
 Any comments or questions, please do not hesitate to contact us at 206-543-5297

**AMOUNT DUE NOW:** -1,612.00  
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