



Issued by: Finance Department

Reviewed date: 12.16.2015

Issued date: 11.19.2008

Revised date: 12.16.2015

Request for Billing Statement

Page 1 of 1

Texas MedClinic and TMC Provider Group, PLLC mail statements on a 28-day cycle. Effective 1/01/2016, Texas MedClinic will mail statements on behalf of TMC Provider Group, PLLC. You may also request a statement of your account with Texas MedClinic or TMC Provider Group, PLLC at any time. Please contact our Billing department by calling (210) 349-5592 to request a statement and provide us with your account information. You may also fill out a form available online at www.texasmedclinic.com and fax (210.349.5628) your request to our Billing department. Up to two requests for the same statement will be free of charge. On the third request for the same statement, we are entitled to charge a service fee.

First name _____

Last name _____

Date range _____

Phone number _____

Date of birth _____

Comments _____

Fax this request to (210) 349-5628 attention Customer Service Representative