

BILL FOR FIRST ASSISTANT SERVICES

Gwen Sedillo
P.O. Box 26545
Albuquerque, NM 87125-6545
(505) 688-6987

Date of Service _____

Patient Name _____

Procedure _____

Services Billed to: Dr. Luis Cuadros Insurance: _____

Type of Service: Self Pay / Cosmetic Case Insurance Case

Start Time _____ End Time _____ Total Hours _____

Please bill the insurance company for these services

Please pay me directly for these services

Total Hours _____ x \$40/hour = Total Amount Due: \$ _____

Signature _____ Date Submitted _____

FOR OFFICE USE ONLY

Insurance submitted

Received

Bill Received

Paid