

UNIVERSITY ORTHOPAEDIC SERVICES, INC.



University at Buffalo
The State University of New York
Department of Orthopaedics
School of Medicine and Biomedical Sciences

Date _____

Account # _____

After mailing several billing statements to you, your account with us is over due.

Before we consider your account for outside collections services, we would like to give you one more opportunity to respond.

Please commit to one of the following:

1. My payment is enclosed in the form of a check payable to:

University Orthopaedic Services, Inc.
P.O. Box 2867
Buffalo, New York 14240

for the full balance of \$ _____

2. Please settle my account using my VISA / MasterCard (circle one)

The name on the card is: _____

The card number is: _____

Expiration date: _____

Amount authorized: _____

Authorized signature: _____

3. I agree to make monthly payments to settle my account.

Each payment will be for \$ _____ and will be sent monthly.

The first payment is enclosed.

Thank you,

University Orthopaedic Services, Inc.
Billing Office
(716) 829-3665