

THIS IS A BILL

Business Office

Important Message

Date 06-11-12

Total Balance Due: \$57.37

Thank you for choosing [REDACTED] Your insurance has been billed. You are responsible for the amount listed by "Total Balance Due." Payment is due within 20 days.

Customer Service

Phone: [REDACTED] or 1-877-[REDACTED]

Hours: Monday - Friday: 8:00 am - 8:00 pm

Saturday: 9:00 am - 1:00 pm

Uninsured patients may qualify for free or reduced cost medical care. Contact us for information.

Reference Number: **C02739230**

ACCOUNT ACTIVITY	Total Charges	C R E D I T S			Remaining Balance	
		Insurance Payment	Adjustments	Payments by You	Awaiting Insurance	Due from You
Service: 04/12/12: Lab Work Place: [REDACTED] LABORATORY SERVICES P1210302262	301.75	-229.48	-14.90	0.00	0.00	57.37
Total Balance Due						\$57.37

Detach coupon and return with your payment. Include the Reference Number on the memo line of your check.

Get a Discount--when you pay IN FULL on the web or by phone.
For balances over \$250 only

To Pay On the Web: [www.\[REDACTED\].billpay](http://www.[REDACTED].billpay)

To Pay By Phone: Call Customer Service

To Pay By Mail: Return to: Business Office

CHECK - Make Payable to: [REDACTED]

CREDIT or DEBIT CARD



Card No. _____ Exp. Date _____

Card Holder Name _____

Signature _____

Payment will be applied to the following account FIRST unless otherwise specified: P1210302262 _____

Responsible Party [REDACTED]

Reference Number
C02739230Due Date
07-01-12
**Total
Balance Due**

\$57.37

Minimum
Amount Due

See Reverse

Payment Amount

\$ [REDACTED] 57.37

Check any that apply and complete information on reverse

☐

Address Change

☐

I am Paying the Minimum Amount
and I want to pay on this day each month _____.

Helpful Information

Understanding this Statement:

- An account is created each time you receive a service from us, so you may have more than one account. Each account has an account number and a date of service.
- You will receive a statement every month until your account(s) is paid in full. The statement will show all payment activity since the previous monthly statement.
- We will attempt to contact you by mail or phone (at the numbers you provided) if there is a balance due from you on an account. If you do not respond, this account may be forwarded to a collection agency for further collection efforts.
- Usually, our statements will include all family members. If you prefer separate bills for each adult patient, contact us and tell us you would like to have statements listed by individual patient instead of family billing. Be advised: each patient will receive a separate mailing and, if you are on a payment plan, each patient will need to set up a separate payment plan.

If You Have Insurance:

- If you provided us with insurance, it will be billed and you will receive monthly statements until the account(s) is paid in full. If you provided us with secondary or supplemental insurance, it will be billed as well.
- Payment from you is not required until your insurance has processed your claim.
- If your insurance has not paid within 30 days, please contact them directly to resolve the delay and notify us of the expected payment date. If the insurance fails to pay, you remain responsible for payment of charges.

How to Contact Us for Financial Help:

- If you are uninsured and anticipate trouble paying your bill, financial assistance may be available from us. Please call our Customer Service number listed on the reverse. We can give you any forms you need and can help you apply for assistance.
- Si usted no tiene seguro medico y anticipa problemas pagando sus cuentas, nosotros podríamos proveerle asistencia financiera. Por favor llame a nuestro número de servicio al cliente ubicado en la parte posterior de su estado de cuenta. Nosotros le podemos enviar cualquier formulario necesario para solicitar asistencia y le podemos ayudar a llenar las formas.

We strive to provide excellent service for your health care needs.

Calculating the Minimum Amount Due

To make a monthly payment plan, please complete our TWO-step process. Interest will not be charged. If you cannot pay the amount listed below or you are currently on a payment plan, contact us. New accounts are not automatically added to an existing payment plan.

Step 1: Place a ✓ next to the appropriate option below.

Step 2: Place a ✓ on the bottom of the reverse side next to "I am paying the minimum amount." This is very important.

Your Total Balance Due	\$51- \$100	\$101- \$250	\$251- \$500	\$501- \$1,000	\$1,001- \$3,000	\$3,001- \$5,000	More than \$5,001
Your Monthly Payment Will Be	\$50	\$75	\$100	\$150	\$250	\$350	Please contact us
Check appropriate option	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Address Change: