

UPMC LIFE CHANGING MEDICINE
 2 HOT METAL ST | DIST. ROOM 386 | PITTSBURGH PA 15203


Hospital/Physician Statement

i For questions or to request an itemized statement, please call (412) 864-0284 or (844) 591-5049. Email: patientstatements@upmc.edu
 Check if address/insurance changes are on back

Addressee

JON Q DOE
 1234 MAIN ST
 ALBERT LEA, USA 56007

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Pay Online: upmc.mysecurebill.com

PIN	Due Date	Amount Due	Paid
1234567	12/23/2016	\$268.00	\$

Please make checks payable and remit to:

UPMC Health Services
 PO BOX 371472
 PITTSBURGH PA 15250-7472

myEasyMatch Code: A-BCDEF-000000-GHIJKL

Please detach and return top portion with payment.

PIN	Account Name	Statement Date	Due Date
1234567	Jon Q. Doe	12/02/2015	12/23/2015

Date	Service Description	Status	Charges	Payments/Adjustments	Patient Balance
Current Hospital Charges					
	PATIENT: JON Q. DOE Account # 01234567997898 Date of Service: 11/17/2016 Location: UPMC HAMOT - Outpatient INSURANCE PAYMENTS/ADJUSTMENTS Payment Due:	Current	\$710.00	-\$442.00	\$268.00

Please see reverse side for our Financial Assistance Policies.

QUICK PAY



To make a fast & secure one-time payment!

Pay Online: upmc.mysecurebill.com
myEasyMatch Code: A-BCDEF-000000-GHIJKL

Physician Charges	\$0.00
Hospital Charges	\$268.00
Subtotal:	\$268.00

AMOUNT DUE: \$268.00

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