

YOUR STATEMENT 5/10/2007



► **SUMMARY OF INPATIENT SERVICES**

Description	Amount
Pharmacy Laboratory Radiology Supplies	_____
Total Patient Services	_____
Insurance payment 04/30/07 Insurance discount 04/30/07	_____
Total Payments & Adjustments	\$ _____
Current Account Balance	\$ 50.00

► **IMPORTANT MESSAGE:**

YOUR INSURANCE HAS PROCESSED YOUR CLAIM. THIS BALANCE IS YOUR RESPONSIBILITY. PLEASE MAKE YOUR PAYMENT TODAY OR CONTACT US TO DISCUSS FINANCIAL ARRANGEMENTS.

► **ACCOUNT SUMMARY**

Patient: John Patient
Date(s) of Service: 04/17/07-04/20/07
Account Number: 12345670
Physician: John Doe

► **INSURANCE INFORMATION**

Primary Medicare
Subscriber: John Q. Patient
ID Number: XXXXX-9999

Secondary Anthem Blue Cross
Subscriber: John Q. Patient
ID Number: XXXXX-9999

► **QUESTIONS? (800) 555-5555**

For questions about your account, call Customer Service at (800) 555-5555.

Financial Assistance:

Adventist Health provides discounts to eligible low-income patients. If you can't pay part of your bill, please contact our Customer Service Department. We will review your financial situation to determine if you are eligible for financial assistance.

SEPARATE PHYSICIAN BILLING You may receive separate bills from physicians who provided care or who consulted on your case.

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THANK YOU FOR ALLOWING ANY ADVENTIST HOSPITAL TO PROVIDE FOR YOUR RECENT HEALTHCARE NEEDS.

Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

PATIENT NAME / NOMBRE DEL PACIENTE		DATE DUE / FECHA DE PAGO
JOHN Q. PATIENT		5/24/2007
ACCOUNT NUMBER / NÚMERO DE CUENTA	AMOUNT DUE / SALDO A PAGAR	AMOUNT PAYING CANTIDAD REMITIDA
12345670	\$50.00	\$

MAKE CHECKS PAYABLE TO

JOHN Q. PATIENT
1234 MAIN ST
ANYTOWN, USA 12345-6789

ANY ADVENTIST HOSPITAL
PO BOX 9900
ANY TOWN, CA 99999-9900



