

MAKE CHECKS PAYABLE TO:



PSC HOSPITAL SYSTEMS

P.O. BOX 703
VALLEY FORGE, PA 19482-9913

IF PAYING BY MASTERCARD, DISCOVER, VISA, OR AMERICAN EXPRESS, FILL OUT BELOW		
CHECK CARD USAGE FOR PAYMENT		
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA
<input type="checkbox"/> AMER. EXP.		
CARD NUMBER	AMOUNT	
SIGNATURE	EXP. DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
10/05/06	\$3,445.72	012345678-9999
SHOW AMOUNT PAID HERE		\$

ADDRESSEE:

PAM PATIENT
321 MAIN STREET
ANYTOWN PA 12345



REMIT TO:

PSC HOSPITAL SYSTEMS
PO BOX 703
VALLEY FORGE PA 19482-9913



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

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

STATEMENT

PATIENT NAME		ACCOUNT #	STATEMENT DATE	ADMISSION DATE	DISCHARGE DATE
Patient, Pam		012345678-9999	10/05/06		
TRANSACTION DATE	REF. NO.	DESCRIPTION OF SERVICES			AMOUNT
	001	- SUMMARY OF CHARGES - ROOM CHARGES S-SEMI PRIVATE ROOM 2 DAYS AT 562.00 - TOTAL OF ROOM CHARGES - ANCILLARY CHARGES			1,124.00 1,124.00
	0250	PHARMACY			296.76
	0260	IV THERAPY			129.47
	0270	MED/SUR SUPPLIES			153.79
	0300	LABS			642.65
	0510	CLINIC VISIT			451.70
	0710	RECOVERY ROOM			298.37
	0720	LABOR/DELIVERY ROOM			97.10
	0920	OTHER DX SERVICES			251.88
		- TOTAL OF ALL OTHER CHARGE			2,321.72
		- TOTAL CHARGES			3,445.72

All insurance benefits assigned to P.H.S.

PARA INFORMACION SOBRE ESTA COBRANZA LLAMAR TER. 800-555-1212
 ** FOR INFORMATION ABOUT THIS BILL, CALL 800-555-1212 ** YOU WILL
 RECEIVE A DOCTOR'S BILL IN ADDITION TO THIS PHS BILL**

PREVIOUS BALANCE	
NEW CHARGES / ADJUSTMENTS	
PAYMENTS / CREDITS	
CURRENT BALANCE	
INSURANCE CLAIMS OUTSTANDING	

PAY THIS AMOUNT **\$3,445.72**

SEE REVERSE FOR MORE INFORMATION ▶

