

PSC Medical Center
PO Box 703
Valley Forge, PA 12345
FORWARD SERVICE REQUESTED



Regarding this account call our toll free number
888-888-5555 Ext. 123
To inquire about Financial Assistance Call

Client Reference No:	123456
Outstanding Balance:	\$20.00

IF PAYING BY VISA, MASTERCARD, DISCOVER OR AMERICAN EXPRESS, FILL OUT BELOW			
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMERICAN EXPRESS
NAME	EXP. DATE	CARD NO.	
SECURITY CODE		PSC MEDICAL CENTER	

3279544 111
David Debtor
123 Main Street
Anytown, PA 12345

PSC REGIONAL MED CENTER
105 MONTGOMERY AVE
OAKS PA 19456

*** PLEASE DETACH AND RETURN THE ABOVE PORTION WITH PAYMENT DIRECTLY TO PSC MEDICAL CENTER ***

ACCOUNT SUMMARY

Patient Name: David Debtor
Client Reference No: 123456
Outstanding Balance: \$20.00

*This balance may reflect more than one date of service at our facility.

June 1, 2004

Your insurance carrier has denied payment on the above referenced claim due to the absence of a completed claim form. Please obtain a claim form from your employer, fill in the proper information, and send it to your insurance carrier. This form must be submitted within five working days of receipt of this letter.

If you do not complete and send in the claim form as requested, the entire balance will be considered your responsibility. The balance will be considered due and payable in full.

If you have any questions or need assistance with this matter, please contact our office.

Sincerely,

Customer Representative

Customer Representative
888-809-2413 Extension 3773
Customer Service Representative

