



PO Box 1234
Valley Forge, PA 19482

WID: 0000

TOLL-FREE: (800) 555-5555
PAGE: 1

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MASTERCARD	DISCOVER	VISA	AMEX
CARD NUMBER		EXPIRATION DATE	
SIGNATURE		AMOUNT	
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NUMBER	BALANCE
10-25-2007	500.00	1111122222	500.00
SHOW AMOUNT PAID HERE \$		1111122223	
		1111122224	
		1111122225	

PAMELA PATIENT
123 MAIN STREET
ANYTOWN, PA 19999



REMIT TO:

PSC HEALTH SYSTEMS
PO BOX 1234
VALLEY FORGE, PA 19482

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

BALANCE DUE NOTICE

Thank you for choosing our facilities for your medical needs. This statement represents charges that are due from you, as our system shows no medical insurance is outstanding for payment. Please remit your payment in full or contact patient accounting for any assistance we can provide. If you have a question about how your insurance benefits or co-insurance amounts were determined, please contact your insurance company directly.

AVISO DE SALDO PENDIENTE

Gracias por utilizar nuestros servicios para sus necesidades de salud. Esta cuenta representa su saldo pendiente de pago. Por cuanto nuestro sistema presenta pagos de seguro medico pendientes. Por favor remita el pago en su totalidad o llame nuestro Departamento de Servicio al Cliente para cualquier asistencia que podemos proveer. Si tiene alguna pregunta sobre como sus beneficios o las cantidades de su co-seguro fueron distribuidas, por favor llame a su compania de seguros directamente.

PATIENT NAME	PROVIDER	ACCOUNT #	SERVICE DATE	TOTAL CHARGES	PAYMENTS	ADJUST.	BALANCE OWING
JANE DOE	PSC Medical Ctr	1111122222	10-24-07	1500.00	-500.00	-500.00	500.00
JANE DOE	Lab Specimen	1111122223	10-24-07	1500.00	-500.00	-500.00	500.00
JANE DOE	VF Health Ctr	1111122224	10-24-07	1500.00	-500.00	-500.00	500.00
JANE DOE	PA Med Ctr	1111122225	10-24-07	1500.00	-500.00	-500.00	500.00

PATIENT ACCOUNTING CUSTOMER SERVICE Toll Free / Llamar Gratis A (800) 555-5555 WE ACCEPT PAYMENTS OVER THE PHONE	Balance Due / Saldo Debido	2000.00
	Statement Date / Fecha de Facture	10-25-2007
	Account Number / Numero de Cuenta	1111122222
Make checks payable to / Favor de remitir cheques a:		PSC HEALTH SYSTEMS PO BOX 1234 VALLEY FORGE, PA 19482

If payment in full has been recently made, thank you. Si usted ha mandado pago por complete recientemente, gracias.