QUESTIONS? call Customer Service at (800) 555-5555.

Pay Online: adventisthealth.org/pay-your-bill Access Code: 1234567890

Addressee

<u> ԿլիժրՍիրդիժրՍիր-Ոիիրի-ՈիիՍիՍիր-ՍուիրիՍհիոր-Արիլի</u>

JON Q DOE 1234 MAIN ST ALBERT LEA, USA 56007

IF PATING BY CREDIT CARD, FILL OUT BELOW					
CHECK CARD USING FOR PAYMENT	MasterCard DISC VER	VISA AMERICAN			
CARD NUMBER	: :	EXP. DATE			
SIGNATURE		SECURITY CODE			
PATIENT NAME		DATE DUE			
		09/24/12			
STATEMENT NUMBER	AMOUNT DUE	AMOUNT PAYING			
12345678	\$60.00				
Please make checks payable and remit to:					

Իրվովուսինի իվկկելոկուսու Աիկկիկ Արկինուկինու ADVENTIST HEALTH MEDICAL CLINICS PO BOX 92900 PORTLAND, OR 97292-2900

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

Please detach and return top portion with payment.

If you have any questions regarding your insurance benefits or payment. Please contact your insurance company directly.

Date	Description		Charges	Payments/ Adjustments	Patient Balance	Status
07/15/12 08/01/12 08/01/12	Adventist Health Int Med Assoc Encounter #: 987654321 Insurance: Medicare 99214 Clinic Visit Insurance Payment Insurance Discount Balance	Provider: Smith MD,	Susan \$350.00	\$250.00 \$50.00	\$50.00	1
08/12/12 08/21/12	Adventist Health Int Med Assoc Encounter #: 876543219 Insurance: Medicare, Humana 10021 Bill FNA w/o Imaging Guidance Insurance Payment Balance	Provider: Smith MD,	Susan \$410.00	\$400.00	\$10.00	2
08/21/12 09/01/12 09/01/12	Adventist Health Int Med Assoc Encounter #: 765432198 Insurance: Medicare, Humana 38221 Bill BM Biopsy, Needle Or Trocar Insurance Payment Insurance Discount Balance	Provider: Smith MD,	Susan \$400.00	\$350.00 \$50.00	\$0.00	3

Page 1

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.

STATUS MESSAGES:

- 1 This is an itemized statement of the charges on your account. If you have any questions, please contact us during normal business hours.
- 2 Your insurance has processed your claim. This balance is your responsibility. Please make your payment today or contact us to discuss financial arrangements.

(2)	Pay Online: adventisthealth.org/pay-your-bill
	Pay Online: adventisthealth.org/pay-your-bill Access Code: 1234567890

Total Charges (Patient Services): .\$1,160.00 Total Payments:................\$1,000.00 Total Adjustments: \$100.00

Pay	This
Amo	ount:

\$60.00

Change of Address		
Name (Last, First, Middle Initial)		
Address		
City	State	ZIP
Telephone		

If any of the following has changed since your last statement, please indicate...

Primary Insurance Updates					
Primary Insured Name					
Primary Insurance Name			Effective Date		
Primary Insurance Street Address					
City	State	ZIP	Telephone		
Employer Name		Group Number			
Subscriber ID #		Policyholder's Date of Birth			

Secondary Insurance Updates				
Secondary Insured Name				
Secondary Insurance Name			Effective Date	
Secondary Insurance Street Addres	s			
City	State	ZIP	Telephone	
Employer Name	Group Number			
Subscriber ID #		Policyholder's Date of Birth		

MESSAGE'S CONTINUED:

- 3 Second Notice We have not yet received payment on your account. Please make your payment today or contact us to discuss financial arrangements.
- 4 Your account is now past due. Please make your payment in full today.
- 5 Past Due Notice Your account is now seriously past due. To avoid further collection activity, please make your payment in full today.
- 6 FINAL NOTICE If full payment is not received within 10 days your account will be referred to a collection agency.
- 7 Second Notice We have not yet received full payment on your account. Please make your payment today or contact us to discuss financial arrangements.
- 8 Your account is now past due. Please make your payment in full today.
- 9 Past Due Notice Your account is now seriously past due. To avoid further collection activity, please make your payment in full today.
- 10 Thank you for your payment. Your next payment is due as scheduled.
- 11 -We have not received your payment as agreed. Please make your past due payment along with your current month's payment.
- 12 We have not received your payments as agreed. Please bring your account current within 10 days or your contract will be invalid
- 13 FINAL NOTICE Your contract is now invalid. If full payment of the balance is not received within 10 days your account will be referred to a collection agency
- 14 We did not receive your payment as agreed. Please bring your account current or contact us to make other arrangements
- 15 We have not received your payments as agreed. Please bring your account current within 10 days or your contract will be invalid.



 STATEMENT NUMBER
 AMOUNT DUE
 DUE DATE

 12345678
 \$60.00
 09/24/12

Pay Online: adventisthealth.org/pay-your-bill Access Code: 1234567890

QUESTIONS? call Customer Service

at (800) 555-5555.

Date	Description	Charges	Payments/ Adjustments	Patient Balance	Status