

Sample statement - 100% personalized for your company

Use your on-line bill pay or we can supply one free

RETURN MAIL ONLY:

Securely pay your bill online at [www.abc-healthcare.com](http://www.abc-healthcare.com)



Return mail may be handled for you

PATIENT RESPONSIBILITY

\$4,486.00

PAYMENT DUE BY

04/08/2016

Do NOT mail payments to this address  
165 Caprice Ct, Unit B  
Castle Rock, CO 80109

OR

See reverse side for payment by credit card or check.

ADDRESSEE:

MAKE CHECKS PAYABLE AND REMIT TO:

SAMPLE PATIENT  
123 SAMPLE DR  
KINGS LANDING, WA 12345-9876

Addresses are verified as valid

ABC HEALTHCARE  
PO BOX 1234  
SAMPLE, CO 8019

If you use a bank lock box, we code the OCR scanline to banking specifications

If a change of address has occurred, the new address is added for you

00146900004486007

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

STATEMENT

Acct #: 146900

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE OF SERVICE	DESCRIPTION OF SERVICE	CHARGES	INSURANCE PAYMENTS/ADJ.	PATIENT RESPONSIBILITY
09/09/2015	Claim 4812, Provider: Sample Physician, M.D.			
09/09/2015	Facility: ABC Regional Medical Center			
09/09/2015	26665 Treat thumb fracture	\$2,317.00		
09/09/2015	15002 Wound prep	\$1,856.00		
09/09/2015	99232 Subsequent hospital care	\$313.00		
11/18/2015	UMR Payment		\$0.00	
11/18/2015	Your Balance Due On These Services			\$4,486.00

SAMPLE STATEMENT

Statements and dunning messages can be customized based on aging information

MESSAGE: This is a statement for professional services rendered by your physician. You may receive a separate bill from the hospital for its services.

\*Save a stamp! Sign up for eStatements or pay online at [www.abc-healthcare.com](http://www.abc-healthcare.com) or Scan this QR Code with your SmartPhone.

On-line bill payment provided with free setup

Statement ID: 83462628  
Password: FmSxHD



Scan and Try Me!

PATIENT RESPONSIBILITY:

\$4,486.00

PAYMENT DUE BY:

04/08/2016

ACCOUNT NUMBER:

146900

The Quick Response (QR) Code enables 'instant' mobile payment for added convenience

Eliminate future postage costs. Patients can opt-in to receive future statements electronically.



PO Box 1234  
Sample, CO 80109  
866-943-7287

FOR BILLING QUESTIONS REFER TO BACKSIDE OF STATEMENT

PLEASE UPDATE ADDRESS INFORMATION IF IT HAS CHANGED SINCE YOUR LAST STATEMENT

ABOUT YOU

YOUR NAME (Last, First, Middle Initial)			
ADDRESS			
CITY		STATE	ZIP
TELEPHONE	MARITAL STATUS		<input type="checkbox"/> Separated
( )	<input type="checkbox"/> Single		<input type="checkbox"/> Divorced
	<input type="checkbox"/> Married		<input type="checkbox"/> Widowed
EMPLOYER'S NAME		TELEPHONE	
( )			
EMPLOYER'S ADDRESS	CITY	STATE	ZIP

PAY BY CREDIT CARD

<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> DISCOVER
CARD NUMBER		AUTHORIZATION CODE	
		□ □ □ □	
SIGNATURE		EXP. DATE	
ACCOUNT #	DUE DATE	PATIENT RESPONSIBILITY	

SHOW AMOUNT PAID HERE \$

MAKE CHECKS PAYABLE TO:

ABC HEALTHCARE  
PO BOX 1234  
SAMPLE, CO 80109

Questions or Concerns?

Please feel free to email us at [billing@abc-healthcare.com](mailto:billing@abc-healthcare.com)

If you have updated insurance information or need to update your address, phone number or additional contact information, please email us at the address above.

You can also email a request to be sent an invitation to our Patient Portal. Using this option you can easily and securely communicate with our office regarding your account as well as your care. You can also obtain copies of any documentation that you may require.

Customized messages may include clinic locations, maps, financial policy, marketing information, special instructions, etc.

Payment in full is due upon receipt of your statement. If you are unable to pay your responsibility in full, you must contact our office within 30 days of receipt of your statement to make appropriate payment arrangements.

Providers may not be contracted with your commercial insurance company.

In the event that payment is issued to the subscriber, the office requests that all insurance payments and accompanying Explanation of Benefits received for services rendered by our providers are endorsed as:

*Pay to the Order of ABC Healthcare* and sign your name, then forwarded to:

ABC Healthcare  
PO Box 1234  
Sample, CO 80109

Our Contact Information:  
[www.haloarm.com](http://www.haloarm.com)  
[info@haloarm.com](mailto:info@haloarm.com)  
Phone (866) 218-4534  
Facsimile (303) 790-1668