

HMC AFTER HOURS CLINIC
 1100 S VAN DYKE
 CLINIC BILLING
 BAD AXE MI 48413

STATEMENT OF ACCOUNT

STATEMENT DATE	ACCOUNT NUMBER
08/25/16	GUARANTOR



IF PAYING BY MASTERCARD
 OR VISA, SEE REVERSE FOR
 CREDIT CARD INFORMATION.

AMOUNT PAID

PAYMENTS AND CHARGES RECEIVED AFTER DATE OF THIS STATEMENT WILL BE REFLECTED ON THE NEXT STATEMENT. Please check box if above address is incorrect or insurance information has changed and indicate change(s) on reverse side.

656400 (PC1)



ADDRESS SERVICE REQUESTED

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GUARANTOR
 NAME
 AND
 ADDRESS

HMC AFTER HOURS CLINIC
 1100 S VAN DYKE RD
 BAD AXE, MI 48413-9615



TO ENSURE PROPER CREDIT TO YOUR ACCOUNT, PLEASE RETURN THIS STUB WITH YOUR PAYMENT.

DATE	PATIENT ADMISSION NO./DESCRIPTION	CHARGES	PAYMENTS	INSURANCE PENDING	PATIENT PAY (YOU OWE)
05/15/16	Account: C0026118 CLINIC Total Charges Accum. Insurance Pmnts Balance Due	87.00	62.00		25.00
05/26/16	Account: C0026219 CLINIC Total Charges Accum. Insurance Pmnts Balance Due	198.00	173.00		25.00

Please remit payment separately for each account number to allow for payment to be reflected on each account.

Thank you for your business. Please return top portion of statement with your payment.

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ACCOUNT BALANCE

TOTAL	INSURANCE PENDING	AMOUNT DUE NOW
50.00	.00	50.00

ACCOUNT NUMBER	STATEMENT DATE	PRINT DATE

HOSPITAL NAME
 HMC AFTER HOURS CLINIC

