

HURON MEDICAL CENTER
 1100 S VAN DYKE
 BAD AXE MI 48413

ADDRESS SERVICE REQUESTED



0101

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

GUARANTOR NAME AND ADDRESS



IF PAYING BY CREDIT CARD, PLEASE FILL OUT BELOW.			
CHECK CARD USING FOR PAYMENT			
<input checked="" type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA	<input type="checkbox"/> OTHER	
CARD NUMBER	SIGNATURE CODE	EXP. DATE	
SIGNATURE		ZIP CODE	
PATIENT NAME		ACCT. # 14128639	
STATEMENT DATE 09/15/16	PRINT DATE 09/22/16	AMOUNT DUE 51.85	AMOUNT PAID
TELEPHONE NO. 989-269-9521			

PAYMENTS AND CHARGES RECEIVED AFTER DATE ON THIS STATEMENT WILL BE REFLECTED ON THE NEXT STATEMENT.

HURON MEDICAL CENTER
 1100 S VAN DYKE RD
 BAD AXE, MI 48413-9615



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

STATEMENT OF ACCOUNT

606144 (PC1)

PATIENT NAME	ACCOUNT NUMBER	PATIENT TYPE	SERVICE BEGIN	SERVICE END	
	14128639	O/P	07/25/16	07/25/16	
INSURANCE COMPANY NAME	ANTICIPATED AMOUNT	AMOUNT PAID	CLAIM STATUS		
BLUE CROSS -O		4333.00	PAID ON 08/18/16		
BLUE CROSS -P		13.15	PAID ON 08/19/16		
TOTAL CHARGES	INSURANCE COVERAGE	PATIENT PORTION	PAID BY PATIENT	LATE CHARGE	DUE FROM PATIENT
4398.00	4346.15	51.85	0.00		51.85
COMMENTS					
***** YOUR INSURANCE HAS PAID IT'S PORTION PLEASE REMIT BALANCE. *****					
HOSPITAL NAME					
HURON MEDICAL CENTER					
RETAIN THIS COPY FOR YOUR RECORDS					

8485



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