HURON MEDICAL CENTER 1100 S VAN DYKE BAD AXE MI 48413

ADDRESS SERVICE REQUESTED

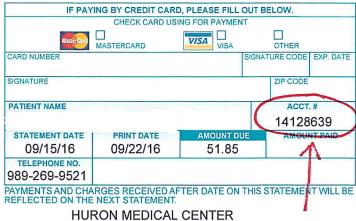




Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

GUARANTOR NAME AND ADDRESS

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

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RETAIN THIS COPY FOR YOUR RECORDS

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 **INSURANCE COVERAGE TOTAL CHARGES** PATIENT PORTION PAID BY PATIENT LATE CHARGE **DUE FROM PATIENT** 4346.15 51.85 0.00 4398.00 51.85 COMMENTS YOUR INSURANCE HAS PAID IT'S PORTION PLEASE REMIT BALANCE. HOSPITAL NAME ************ **HURON MEDICAL CENTER**