



Your Memorial Hospital Statement



Thank you for choosing us for your medical needs. We have billed your insurance carrier(s).

The balance on this statement is your responsibility. Please pay your balance in full or contact customer service at **1.866.429.6045**.

Pay Online at <https://billpay.uhealth.org>

► SUMMARY OF CHARGES

Room and Board	\$1,200.00
Laboratory	\$645.00
Radiology	\$806.00
Anesthesia	\$482.00

► ACCOUNT SUMMARY

Patient Name	John B. Patient
Guarantor Name	John B. Patient
Account Number	20001121234
Service Date(s)	12/10/13 – 12/10/13
Total Charges	\$ 3,133.00
Insurance Payments	\$ 872.25
Insurance Adjustments	\$ 1,596.75
Patient Payments	\$ 100.00
Patient Adjustments	\$ 0.00
Statement Date	03/12/14

Current Due Statement 1	30 – 60 Days Statement 2	60 – 90 Days Statement 3	90 – 120 Days Statement 4
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\$564.00

Summary of Charges \$3,133.00

Current Due \$564.00

► CONTACT US

Pay your bill easily and securely online, by mail or call our Customer Service representatives at **1.866.429.6045**.
Phone Hours: 8:00 am – 5:00 pm, M-F (MST)

Pay Online at <https://billpay.uhealth.org>

See back of statement for more information



PO BOX 732144
DALLAS TX 75373-2144
ADDRESS SERVICE REQUESTED



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

IF PAYING BY CREDIT CARD, PLEASE FILL OUT BELOW.		
		AMOUNT PAYING \$
CARD NUMBER		CODE*
SIGNATURE		EXP DATE
STATEMENT DATE 3/12/14	PAY THIS AMOUNT \$564.00	ACCOUNT # 20001121234

*The code is the 3 digit code found on the back or the 4 digit code on the front if using an Amex card.

MAKE CHECKS PAYABLE AND REMIT TO:

UCBA11-21234567
JOHN SMITH
123 MAIN STREET
FT COLLINS CO 81234

BUSINESS SERVICES – PATIENT ACCOUNTS
PO BOX 732144
DALLAS, TX 75373-2144

