

Your community. Your healthcare. Your hospital. 950 West Wooster Street, Bowling Green, OH 43402

Claim number identifies the billing statement. It changes with each statement.

CLAIM NUMBER CS00123456

Guarantor is the person who is legally responsible for payment of the statement GUARANTOR NAME JOHN DOE

Due Date is the date that the o2 statement must be paid.

DUE DATE 03/22/2011

telephone number and hours You may also ema.

BILLING QUESTIONS? PLEASE CALL: Special Accounts contact patientaccts@woodcountyhospital.org

all statements.

262.00

-220.08

0.00

41.92

(888) 251-8129 Mon & Wed 8:30am - 8:00pm Tue, Thur & Fri 8:30am - 6:00pm

Patient name is the name of Patient: DOE, JOHN the person who received services. INSURANCE #1: HEALTH CARE PAYERS COALITION INSURANCE #2: MEDICAL MUTUAL **Service Date** is the SERVICE DATE: 01/12/2011 date that the patient RADIOLOGY received services.

Total charges for the entire visit. Total Charges

HEALTH CARE PAYERS COALITION

MEDICAL MUTUAL

Insurance payments

credited to the

patient's account

Account Balance

Account balance is the balance

owed by patient for entire visit.

Case: 22226666 See Reverse Side Case number is the for Financial identifying number of the patient visit. It Assistance and remains the same on Charity Information

Please Pay This Amount

Please pay the amount due.

\$41.92

is now due. The balance is your responsibility. Please pay balance in full.

Thank you for choosing Wood County Hospital for your healthcare needs. This account

Thank you for choosing Wood County Hospital for your healthcare needs.

*Please return BOTTOM portion in supplied envelope.



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If Paying By Credit Card, Check Box and Please Fill Out Below VISA Card Number V-Code_ Print Name Amt. Paid Signature Exp. Date **CLAIM NUMBER CASE NUMBER** AMOUNT DUE 22226666 CS00123456 41.92 AMOUNT DUE \$41.92 DUE DATE 03/22/2011

SEND PAYMENT TO:

WOOD COUNTY HOSPITAL PO BOX 182860 COLUMBUS, OH 43218-2860 1.1..1..11...1.1...111...1...1.11...1...11...11...1

ADDRESSEE:

JOHN DOE 123 ANY STREET SOME TOWN OH 43402 1.1..1..11..1..111.....1.11...11