

MAKE CHECKS PAYABLE TO:



ADDRESS SERVICE REQUESTED

For Billing Questions, Please Call: (860) 963-6337

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JOHN Q. PATIENT  
1234 MAIN STREET  
ANYTOWN, USA 54321

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.		
CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA
<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER	SIGNATURE CODE	
SIGNATURE	EXP. DATE	
PATIENT NAME	STATEMENT DATE	DATE DUE
PATIENT, JOHN Q.	7/23/09	08/07/09
ACCOUNT NUMBER	AMOUNT DUE	AMOUNT PAYING
99999999	\$20.00	\$

DAY KIMBALL HOSPITAL  
320 POMFRET STREET  
P.O. BOX 6001  
PUTNAM, CT 06260-0901



PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

**Account Summary**

Patient Name	PATIENT, JOHN Q.
Account Number	99999999
Service Date(s)	6/04/09
Charges billed to insurance	\$164.95
Insurance payments received	\$-24.43
Patient payments received	\$0.00
Adjustments	\$-120.52

Pay This Amount \$20.00

**Summary of Charges**

Description	What We Billed
LABORATORY	164.95
TOTAL CHARGES	164.95
Insurance Payments/Adjustments	-144.95
Patient Payments/Adjustments	0.00
<b>Account Balance</b>	<b>\$20.00</b>

**Insurance Information**

**PRIMARY INSURANCE:** BLUE CROSS MEDICARE  
Primary Insurance ID#

**SECONDARY INSURANCE:**  
Secondary Insurance ID#

**TERTIARY INSURANCE:**  
Tertiary Insurance ID#

**About Your Account**

Your insurance plan has paid its portion and the remaining balance is now your responsibility. Please send in your payment within 10 days.

**Questions or Concerns:**

If you have any questions or concerns regarding your account, or need to discuss payment arrangements, please call the Day Kimball Patient Accounts Department at (860) 963-6337 Monday through Friday between the hours of 9:00 a.m. and 6 p.m. (except holidays). For your convenience we accept VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS, and CHECK-BY-PHONE. Please note that Radiologists, Anesthesiologists, Pathologists, Hospitalists, and Emergency Room Physicians bill separately for their services. Thank you for choosing Day Kimball Hospital to serve your healthcare needs.

PLEASE RETAIN THIS PORTION FOR YOUR RECORDS

