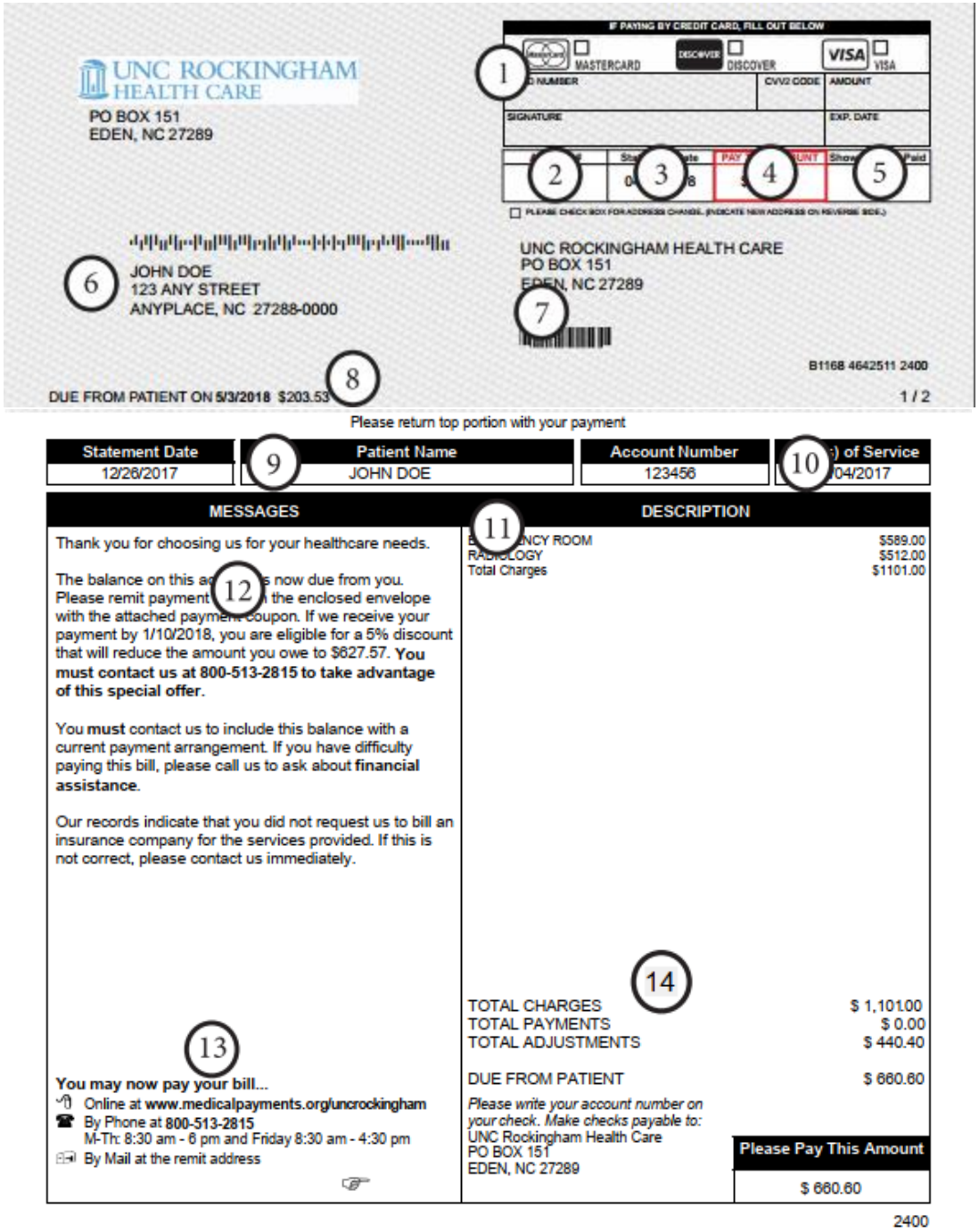

KEY

1. Information required if paying by credit or debit card.
2. Patient's account number.
3. Date this bill was mailed.
4. Total amount due from you.
5. Amount you are paying.
6. Name and mailing address of the person responsible for paying this bill.
7. Payment mailing address. Please mail your payment in the enclosed envelope, but do not include correspondence.
8. Payment due date.
9. Name of patient to whom services were provided.
10. Time period during which services were provided.
11. A summary of charges you received during your stay.
12. Specific information about why you are receiving
this bill.
13. Instructions for paying your bill by phone or online.
14. Total charges accumulated, payments applied towards account, and adjustments applied towards account.