

PO BOX 151 EDEN, NC 27289

միկովոգիների անդիկունի անկանությունն անկանի անկանությունն և JOHN DOE 123 ANY STREET

ANYPLACE, NC 27288-0000

VISA MASTERCARD CVV2 CODE AMOUNT

UNC ROCKINGHAM HEALTH CARE PO BOX 151 EDEN, NC 27289

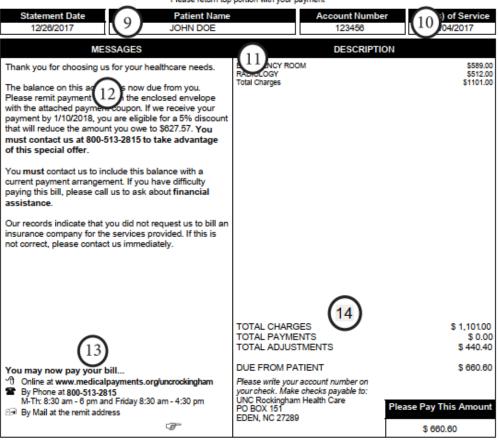
B1168 4642511 2400

1/2

2400

DUE FROM PATIENT ON 5/3/2018 \$203.5

Please return top portion with your payment



## **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.