



## Hi JOHN, this is your current hospital bill.

Your insurance carrier has processed your charges and the balance remaining is what they have determined to be your responsibility. Your payment in full would be appreciated at this time. Thank you!



Patient Name

JOHN DOE

Statement Date: 02/01/2024

Due Date: 03/01/2024

Statement Number: 123456789

## YOUR NEXT STEP

Make payment in full with options below.







Questions or to pay by phone, call: 216-844-8299 Monday - Friday, 8:00AM - 5:30 PM.

detailed summary on next page 🕑



Check if address/insurance changes are on back.

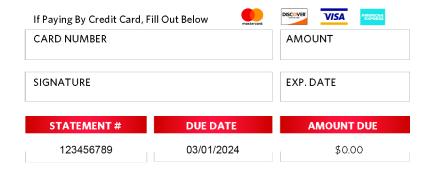


Customer Service Center 20800 Harvard Road Highland Hills OH 44122-7202



Pay Online: UHHospitals.org/PayMyBill

JOHN DOE 123 MAIN AVE. CLEVELAND, OH 44140



MAKE CHECKS PAYABLE AND REMIT TO:

Elyria Medical Center PO Box 781988 Detroit MI 48278-1988



UHHospitals.org/PayMyBill 216-844-8299

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Total Charges:

Total Payments/Adj:

Total Amount Due:

Primary Insurance:

\$546.00 \$0.00

\$0.00 \$0.00 Self Pay

Secondary Insurance: none

## YOUR TRANSACTION SUMMARY

Date	Description	Charges	Payments/ Adjustments	Balance
HOSPITA	AL CHARGES			
01/01/2024	Patient Name: DOE, JOHN Account Number: 12345678-9 Location: EMC Sheffield 101			
	RADIOLOGY	\$546.00		
	Total Insurance Adjustments Total Insurance Payments Patient Payments PATIENT BALANCE:		\$0.00 \$0.00 \$0.00	\$0.00

## Sign-up for Paperless Billing

A fast, secure way to view and pay your bill online!

UHHospitals.org/PayMyBill

