

Imaging & Physical Rehab Center
Outpatient Surgery Center
Pain Management Services
Smith Heart & Vascular Center



Patient Statement

Statement Date: 02/04/09

PROMPT PAYMENT DISCOUNT!

Receive **20%** discount if balance is paid in full within 14 days of statement date!

Maximum discount will not exceed \$500.00.

If you have questions, call
Customer Service at 704-210-5656.

Account Information

Patient Name: JANE DOE
Account Number: **A123456789**
Service Date(s): 01/29/09
Type of Service: **Emergency Department**

Account Balance Due: \$507.48

DATE	DESCRIPTION	AMOUNT
02/03/09	Balance as of 02/03/09	507.48
	MISC. INSURANCE ADJUSTMENT	0.00
	Account Balance	507.48
	Patient Responsibility	507.48



Questions?

Call Customer Services at 704-210-5656

Request for detailed statements must be made within 30 days. Many insurance companies have strict time limits on when claims are to be filed to receive payment. **Failure to provide your insurance information promptly,** may result in your claim being denied, and you being billed.

PLEASE DETACH AND RETURN **BOTTOM PORTION** WITH YOUR PAYMENT

Rowan
REGIONAL MEDICAL CENTER

612 Mocksville Ave
Salisbury, NC 28144
FFR121A

Card Number	Signature Code	
Select card you wish to use for payment <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER	Signature	Expiration Date
	Patient Name JANE DOE	
	Account Number A123456789	Statement Date 02/04/09
	Due Date 02/18/09	
Pay This Amount 507.48	SHOW AMOUNT PAID HERE \$	

Make Checks Payable & Mail To:



ROWAN REGIONAL MEDICAL CENTER
PO BOX 751694
CHARLOTTE NC 28275-1694



ACRYNESS™

TOTAL IMPACT
Printing



01-A 20090205 T001 S 00001



JANE DOE
128 TALBERT ROAD
MOORESVILLE NC 28117

Account Information

Patient Name: JOHNNY DOE
Account Number: **A123456789**
Service Date(s): 01/26/09
Type of Service: **Emergency Department**

Account Balance: **\$517.81**



Medical Assistance

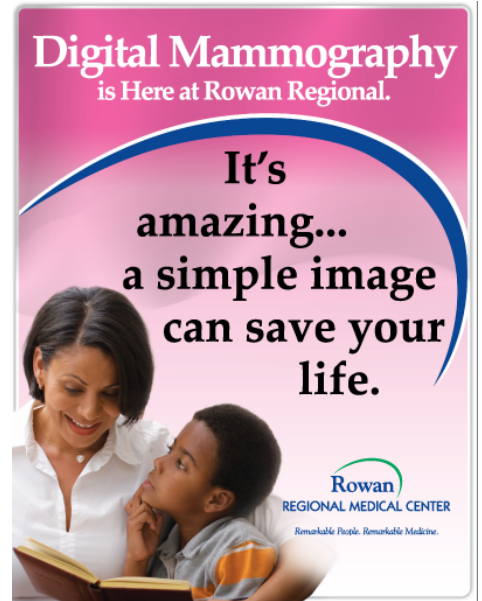
02/04/09

Dear JOHN DOE,

We understand that you are in the process of applying for Social Security Disability and/or Medicaid. **It is important to keep us informed about the status of your application, to prevent your account from going delinquent.** Should you not be approved for medical assistance, payment arrangements can be made by calling Customer Services.

The balance of this account remains your responsibility if you do not apply or are not eligible for Medical Assistance.

Thank you,
Customer Service



Questions?

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Patient Name JOHNNY DOE			
Account Number A123456789	Statement Date 02/04/09	Due Date 02/18/09	
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Printing



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JOHN DOE
128 TALBERT ROAD
MOORESVILLE NC 28117