Adams County Public Hospital District #2
EAST ADAMS RURAL HOSPITAL
Ritzville Medical Clinic Lind Medical Clinic Washtucna Medical Clinic

903 South Adams
Ritzville, WA 99169-2298
509-659-1200

35609

0101

RETURN SERVICE REQUESTED

PAGE: 1 of 1

IF PAYING BY MASTERCARD OR VISA, FILL OUT BELOW.	
CHECK CARD USING FOR PAYMENT	
☐ MASTERCARD ☐ VISA	
CARD NUMBER	SIGNATURE CODE
SIGNATURE	EXP. DATE

STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
11/13/2008	$9537.60	9999999

SHOW AMOUNT PAID HERE $

210007A

ADDRESSEE:

JOHN DOE
1234 MAIN ST
ANYTOWN, USA 99999-9999

REMIT TO:

EAST ADAMS RURAL HOSPITAL
ATTN: BUSINESS OFFICE
903 S ADAMS ST
RITZVILLE WA 99169-2227

35609*2IE0T9LMR000001

☐ Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE OF SERVICE	PATIENT NAME	STAY NUMBER	TOTAL CHARGES	INSURANCE PAYMENTS & ADJUSTMENTS	PATIENT PAYMENTS	PATIENT BALANCE DUE
East Adam Rural Hospital						
11/17/07	PATIENT, JOHN	0123456	180.00	0.00	0.00	180.00
01/03/08	PATIENT, JOHN	0112233	353.00	0.00	0.00	353.00
03/20/08	PATIENT, JOHN	0223311	8,129.00	0.00	0.00	8,129.00
Ritzville Medical Clinic						
11/19/07	PATIENT, JOHN	0234567	85.00	0.00	0.00	85.00
11/17/07	PATIENT, JOHN	0211334	85.00	0.00	0.00	85.00
01/14/08	PATIENT, JOHN	0233112	155.00	0.00	0.00	155.00
03/27/08	PATIENT, JOHN	0233111	100.00	0.00	0.00	100.00
03/20/08	PATIENT, JOHN	0213123	336.00	0.00	0.00	336.00
Washtucna Medical Clinic						
03/13/08	PATIENT, JOHN	0001122	100.00	0.00	0.00	100.00
07/24/08	PATIENT, JOHN	0002233	100.00	0.00	0.00	100.00
08/07/08	PATIENT, JOHN	0000000	100.00	-92.70	0.00	7.30

Questions

TOTAL GUARANTOR BALANCE DUE **$9537.60**

If you have any questions or concerns regarding your account, or need to discuss arrangements for payment, please call the Business Office at (509)659-5411 or (509)659-5410, Monday through Friday.

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