

- A Patient Name**
- B Service Dates**
- C Date statement was printed**
- D Account Number**  
*If paying online, use only the numeric portion represented.*
- E Total amount due with this statement**
- F Payment Due Date**

**Montefiore**  
111 East 210th Street  
Bronx, NY 10467-2490

36216

0101

4 If paying by CREDIT CARD, please complete this section

5 This is the current insurance information on file  
*Please review and make corrections on the back of this form*

7  
DOE, JOHN  
P.O. BOX 4296  
NEW YORK, NY 10261-4296

1 Patient Name  
DOE, JOHN

2 Service Date(s) From Through  
01/01/00-01/01/00

3 Statement Date  
01/01/00

6 CHECK/M.O.  
AMOUNT ENCLOSED

8  
MONTEFIORE MEDICAL CENTER  
P.O BOX 4296  
CHURCH STREET STATION  
NEW YORK, NY 10261-4296

9 Account Number	10 Previous Balance	11 Charges	12 Est. Ins Coverage	13 Payments/Adj's	14 AMT DUE From Patient
1234567/ABCDEF	.00	6912.00	.00	6831.75-	80.25

15 Account Number	16 Patient Name	17 Service Date(s)	18 Statement Dt	Page
1234567/ABCDEF	DOE, JOHN	01/01/00-01/01/00	01/01/00	1

19 Date(s)	20 Description	21 Charges	22 Est. Ins Coverage	23 Payments/Adj's	
1234567890	OPEN ITEM - CURRENT TRANSACTIONS				
01/01/00	MMIC MONTEFIORE IMAGING CENTER RMHAD				
01/01/00	CAT SCAN	6912.00	6912.00-		
01/01/00	BILLED 6912.00 TO TEST INSURANCE			.00	
01/01/00	TEST INSURANCE BENEFIT		5741.12	5741.12-	
01/01/00	TEST INSURANCE COINSURANCE:	4.79		.00	
01/01/00	TEST INSURANCE DEDUCTIBLE:	75.00		.00	
01/01/00	TEST INSURANCE PAYMENT			.00	
01/01/00	TEST INSURANCE REBILL TO PAT/GUAR (SLF)		79.79	.00	
01/01/00	TEST INSURANCE BENEFIT ADJUSTMENT		1091.09	1091.09-	
01/01/00	NEW YORK STATE SURCHARGE			.46	
THIS BILL REPRESENTS A BALANCE DUE FROM YOU. PLEASE PAY PROMPTLY. THANK YOU FOR CHOOSING MONTEFIORE MEDICAL CENTER. IT IS OUR PRIVILEGE TO CARE FOR YOU.					
24 Previous Balance:	.00	Column Totals:	6912.00	.00	6831.75-

25 Amount Due from Patient: 80.25

Payment Due Date: 01/15/2000

FOR QUESTIONS ABOUT YOUR BILL, PAY YOUR BALANCE OR TO SET UP A PAYMENT PLAN PLEASE CALL: (718) 405-4000 OR EMAIL US AT BILLINGSOLUTIONS@MONTEFIORE.ORG

Office Hours: 8am - 12:30pm and 1:30pm - 6pm M-F

**YOUR PAYMENT MAKES ALL THE DIFFERENCE!**

YOUR TIMELY PAYMENT SUPPORTS HEALTHCARE SERVICES, EDUCATION AND ONGOING RESEARCH THAT MAKE A DIFFERENCE IN MANY LIVES. **PAYING YOUR BILL ON TIME ENSURES FUNDING IS AVAILABLE** FOR NUMEROUS PROGRAMS THAT BENEFIT OUR COMMUNITY AND THOSE IN NEED. Learn more at: [www.montefiore.org](http://www.montefiore.org).

