



PAY ONLINE
www.mymedpayment.com/hfh



BY PHONE
at 877-254-9277



OR BY MAIL
Use payment coupon below

SUMMARY OF ACCOUNTS

Service Date	Account Number	Balance
05/05/23	H2121212121	\$290.00
Total Balance Due:		\$290.00

ACCOUNT SUMMARY

PATIENT NAME: TESTPT_FIRST TESTPT_LAST
STATEMENT ID: 77777777
ACCOUNT NUMBER: H2121212121
BALANCE DUE: \$290.00

ACCOUNT STATUS Statement Date - JUN 14 2023

Your account has a balance of \$290.00. If you are unable to pay this amount in full, or have any questions, please contact Patient Financial Services.

If you have insurance coverage, please contact us immediately so that we can bill your carrier for you.

Current Payment Arrangements

DUE UPON RECEIPT

IMPORTANT INFORMATION

Health First is committed to offering the highest quality of care with flexible financing options. To learn more about financial options, please visit hf.org/paymybill or call 1-877-254-9277.

Federal guidelines prohibit us from disclosing any account information if you are not the patient or authorized representative. In order to discuss such information, you must provide consent from the patient or authorized representative.

CONTACT INFORMATION

Patient Financial Services: (Toll Free) 1-877-254-9277
Hours: Mon. - Fri. 8:00am - 5:00pm EST

To check your balance, make a payment, or request an itemized statement, 24 hour access is available through our automated system (Toll Free) 1-877-254-9277 OR www.mymedpayment.com/hfh

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT IN THE ENVELOPE PROVIDED

USPS USE ONLY
c/o Health First
PO Box 8770
Coral Springs, FL 33075

PATIENT NAME: TESTPT_FIRST TESTPT_LAST
STATEMENT ID: 77777777
ACCOUNT NUMBER: H2121212121
BALANCE DUE: \$290.00
ENCLOSED: \$ _____

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Testrp_First Testrp_Last_1104 T1 P1
123 Any St
Any City FL 32935



Health First's
Holmes Regional Medical Center
PO Box 628347
Orlando, FL 32862-8347



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