

Temp-Return Service Requested



P.A.A.N.: 99999999

AR-1103-440

Patient Name:

Responsible Party Name
 Responsible Party Street Address
 Responsible Party City, State, Zip 16009-1

Account Status

Statement Date - MAR 21 2012

The balance on your account remains unpaid. To avoid possible collection action, please remit the balance in full today.

Failure to respond will result in recommending that your account be placed with a collection agency.

Contact Information

Patient Financial Services: **(Toll Free) 888-NNN-NNNN**
 Hours: Mon. - Thur. 8:00am - 9:00pm, Fri. 8:00am - 5:00pm, Sat. 9:00am - 1:00pm EST.

To check your balance, make a payment, or request an itemized statement, 24 hour access is available through our P.A.A.N. system **(Toll Free) 888-NNN-NNNN**.

To pay your bill online, please visit:
www.mymedpayment.com/nyulutheran

IMPORTANT INFORMATION

If you are unable to pay this bill, financial assistance may be available. For further information about eligibility, and how to apply, please contact a Customer Service Representative at (888)NNN-NNNN.

Summary of Accounts

Service Date	Account Number	Current Balance
04/19/06	9999999999	157.59
04/20/06	8888888888	166.73
Total Balance Due Upon Receipt:		\$324.32

Current Payment Arrangements

DUE UPON RECEIPT

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

If Payment Has Already Been Made Please Disregard This Letter

AR-01103-16009-1

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

Service Date	Account Number	Amount
04/19/06	9999999999	157.59
04/20/06	8888888888	166.73

Total Balance Due Upon Receipt: \$324.32

Credit card payments can be made online at www.mymedpayment.com/nyulutheran
 This is a secure online portal. You can also call (888)242-6149 to discuss your account.

If paying by check, please indicate the amount paid below and return this portion with your payment. Checks should be made payable to: NYU Lutheran

Amount Paid: \$ _____

Patient Name:

Client Name
 Client Street Address
 Client City, State, Zip



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