



CHILDREN'S HEALTH CARE
2910 CENTRE POINTE DRIVE
ROSEVILLE, MN 55113

Office Phone: (651) 855-2345 Toll Free: (866) 403-3999
Mon - Fri: 8:00AM-4:30PM Voicemail available 24 hours a day
Email us at PPFS.CustomerInquiries@childrensmn.org

STATEMENT DATE	ACCOUNT NUMBER	PAY THIS AMOUNT
10/07/2008	0054321	\$170.00

ADDRESSEE:

NAME
123 MAIN STREET
MINNEAPOLIS, MN 55407

Please enter your Statement
Number on the online bill pay
screen

IF PAYING BY MASTERCARD, DISCOVER OR VISA, FILL OUT BELOW.

CHECK CARD USING FOR PAYMENT

MASTERCARD DISCOVER VISA

CARD NUMBER _____ SIGNATURE CODE * _____

SIGNATURE _____ EXP. DATE _____

STATEMENT NUMBER 2345678 * M/C, DISCOVER & VISA - Last 3 digits on Back of Card

PATIENT: PATIENT NAME

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MAKE CHECKS PAYABLE AND REMIT TO:

CHILDREN'S HEALTH CARE
SDS 12-1833 PO BOX 86
MINNEAPOLIS, MN 55486-1833

Please check box if insurance information has changed or address is incorrect and indicate changes on the reverse.

Please detach and return top portion with payment.

PHYSICIAN STATEMENT

SERVICE DATE	DESCRIPTION	PROVIDER	CHARGES	PATIENT PAYMENTS	INSURANCE PAYMENTS	ADJUST.	PATIENT BALANCE
09/28/2008	ENCOUNTER #: 12345678 LOCATION: ED-M PF ABDOMEN 2 VIEW	BLUMBERG, KAREN	40.00				
09/28/2008	PF CT HEAD W/O CONTRAST	BLUMBERG, KAREN	130.00				
	PATIENT BALANCE						170.00



0-30 DAYS	+31 DAYS
\$170.00	\$0.00

If you have a balance in the 31+ box and are not currently on a payment plan, please mail payment in full today or please contact our office if you have questions regarding this bill at (651) 855-2345 or (866) 403-3999 to prevent your account from being placed with a collection agency. Thank you.

The charges are for physician services only and the remaining balance is your responsibility. If you were seen in the hospital, you will receive a separate statement.

STATEMENT #	ACCOUNT NUMBER
2345678	0054321

PLEASE PAY THIS AMOUNT >>> \$170.00

PATIENT: PATIENT NAME
Account Number: CHILDREN'S HEALTH CARE - SDS 12-1833 PO BOX 86 - MINNEAPOLIS, MN 55486-1833 - (651) 855-2345

