



Children's Hospitals and Clinics of Minnesota
Hospital Patient Financial Services
2550 University Ave. W #143N
St. Paul, MN 55114

Statement Date: 09/04/08

Patient Name: Patient Full Name

Account Number: 00054321

Start Date of Service: 08/05/08

End Date of Service: 08/05/08

Balance Due: \$347.56

Due Date: 09/29/08

Please enter your Account
Number on the online bill pay
screen

Dear Patient Family Name:

Your insurance company has processed this claim. The balance due is your responsibility. Please send payment in full.

Hospital charges:	\$4,372.00
Insurance payments:	\$1,969.60
Patient payments:	\$ 0.00
Adjustments:	\$2,054.84
Total balance due:	\$347.56

If you are unable to make payment and would like to discuss financial assistance, an uninsured discount, or have other questions, please contact us.

If you feel that your concerns have not been addressed, please contact our Customer Service Department at (651) 855-2200 and allow us an opportunity to try and address your concerns. Customer Service is available Monday through Friday, 8:00 AM to 8:00 PM, and Saturday 8:00 AM to 12:00 PM. You can also email your questions to PFS@Childrensmn.org. Please include your account number when e-mailing.

Or, you have the option to address any concerns with the Minnesota Attorney General's Office, which can be reached at (651) 296-3353 or (800) 657-3787.

Thank you for your prompt payment.

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Patient Name: Patient Name

Account Number: 00054321

Statement Date: 09/04/08

Due Date: 09/29/08

Amount Paid: _____

Account Number: 00054321	Please Pay This Amount \$347.56	
Patient Name: Patient Name	Due By 08/28/08	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Card Number:	CVV2 No *	Exp. Date
Cardholder Name		
Signature		Amount Paid

* The CVV2 Number is the last 3 digits on the back of your credit card, by your signature

0000008/

Patient Family Name
123 Main Street
Minneapolis, MN 55407

Children's - Minnetonka
SDS-12-2279
PO Box 86
Minneapolis, MN 55486-2279