

# MARK REED

HEALTH CARE DISTRICT

P.O. Box 990003 \* Boise, ID 83709

ADDRESS SERVICE REQUESTED

## BILLING STATEMENT

STATEMENT DATE: 7/6/2011

HEALTHCARE PROVIDER:

MARK REED HEALTH CARE DIST -B

PATIENT NAME:

Jane Doe

PATIENT ACCOUNT NUMBER:

8675309

AMOUNT DUE:

\$2598.67

DUE DATE:

Due Upon Receipt

RESPONSIBLE PARTY:

000002



John Doe  
1234 Billing Lane  
McCleary, WA 98557



208.327.0777

800.677.2767

CONTACT NUMBER: (360)555-4567

DATE	DESCRIPTION	AMOUNT	BALANCE
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4/14/11	Date Of Service		
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Thank you for choosing Mark Reed Health Care District for your healthcare needs. Our records indicate that the remaining balance listed below is your personal responsibility. Your account is now due and payable in full. You may apply the balance to your credit card using the bottom portion of this statement. If you have any questions or are unable to make payment in full, please contact our office at 208-327-0777 or 800-677-2767 for payment arrangements. We thank you for your prompt attention to this matter.

**Billing Questions: (800) 677-2767**

*PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT*

The purpose of this letter is to collect a debt. Any information obtained will be used for that purpose. A \$20.00 RETURN CHECK FEE WILL BE CHARGED FOR ALL RETURNED CHECKS.

Please check box if address or contact number is incorrect, and indicate change(s) on reverse side.

AMOUNT DUE: \$2598.67

DATE DUE: Due Upon Receipt

RESPONSIBLE PARTY: John Doe

AMOUNT PAID:

PLEASE MAKE CHECKS PAYABLE TO:

CHARGE:  VISA  MASTER CARD  AMEX  DISCOVER

CARD NUMBER (ALL DIGITS PLEASE)

SECURITY CODE (on back of card)

CARD HOLDER NAME:

PLEASE PRINT

EXPIRATION DATE: \_\_\_\_\_

0725406799070400000259867023

SIGNATURE - CHARGE CUSTOMERS ONLY

PATIENT ACCOUNT NO: 8675309

HEALTHCARE PROVIDER: MARK REED HEALTH CARE DIST -B



Mark Reed Health Care Dist  
322 S. Birch Street  
McCleary, WA 98557