

QUE Financial

P.O. Box 990003 • Boise, Idaho 83799-0003
(800) 677-2767 • (208) 327-0777

STATEMENT DATE: 8/4/2011

HEALTHCARE PROVIDER:
MARK REED HEALTH CARE DIST

PATIENT NAME:
Jane Doe

PATIENT ACCOUNT NUMBER:
8675309

BALANCE OF ACCOUNT:
\$2448.67

MINIMUM AMOUNT DUE:
\$125.00

DUE DATE:
8/19/11

ADDRESS SERVICE REQUESTED

RESPONSIBLE PARTY:



John Doe
1234 Billing Lane
McCleary, WA 98557



208.327.0777
800.677.2767



VISIT OUR WEBSITE AT:
www.quefinancial.com

CONTACT NUMBER: (360)555-4567

DATE	DESCRIPTION	AMOUNT	BALANCE
7/26/11	#8675309 Check Payment	150.00	2,448.67

QUE Financial has been contracted by Mark Reed Health Care District in Boise, Idaho, to manage your hospital account. QUE Financial is a medical billing service. The minimum monthly payment is that amount which was agreed upon by you and Mark Reed Health Care District. Please mail your payment, in the enclosed envelope, directly to QUE Financial. To ensure quick and accurate posting of each payment to your account, please discontinue sending payments for this account to Mark Reed Health Care District. Please contact a QUE Financial representative at 208-327-0777 or 800-677-2767 if you have any questions. Thank you.

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: \$125.00

DATE DUE: 8/19/11

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: _____

0710927809005200000012500011

SIGNATURE - CHARGE CUSTOMERS ONLY

PATIENT ACCOUNT NO: D1234567

HEALTHCARE PROVIDER: MARK REED HEALTH CARE DIST



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PO Box 990003
BOISE, ID 83799-0003