



Carolinah HealthCare System

Statement Date: 1/29/2018
 Patient Name: John A Sample
 Responsible Person Number: 123456789
 Responsible Person: John A Sample
 Payment Due Date: February 26, 2018

Current					
Account	Total Charges	Ins Pmts/Adjs	Pat Pmts/Adjs	Current Balance	
20012123134	\$205.00	-\$180.00	\$0.00	\$25.00	
Professional Services	Camp, MD		Office Visit		
Your insurance company has processed your claim(s). Please review your explanation of benefits received from the insurance company for detailed insurance payment(s). The current balance listed above is the amount due after insurance has paid and is included in the minimum amount due by February 26, 2018 listed below.				Subtotal	\$25.00
Past Due					
Account	Total Charges	Ins Pmts/Adjs	Pat Pmts/Adjs	Current Balance	
90200340123	\$4,178.40	-\$3,978.40	\$0.00	\$200.00	
Hospital Services	Emergency		CHS Union Emergency		
20011807536	\$402.00	-\$377.00	\$0.00	\$25.00	
Professional Services	Michael S Camp, MD		Office Visit		
The patient balance(s) listed above is now past due by more than 30 days and is included in the minimum amount due by February 26, 2018 listed below. Please send full payment today to avoid further collection activity.				Subtotal	\$225.00
Final Notice					
Account	Total Charges	Ins Pmts/Adjs	Pat Pmts/Adjs	Current Balance	
90200281047	\$4,805.00	-\$4,605.00	\$0.00	\$200.00	
Hospital Services	Emergency		CHS Union Emergency		
The patient balance(s) listed above is now past due by more than 90 days and is included in the minimum amount due by February 26, 2018 listed below. Further collection activity may be pursued if the outstanding balance for this account(s) is not paid within 30 days from the date of this notice.				Subtotal	\$200.00
Amount Due					\$450.00

Account Number to Enter

Account Number to Enter

Account Number to Enter

Minimum Amount Due: \$450.00