

STATEMENT OF GUEST ACCOUNT



Community Hospital
2021 N. 12th Street
Grand Junction
Colorado 81501



FORWARDING AND ADDRESS CORRECTION REQUESTED

ADDRESSEE:

PLEASE NOTE:

Thank you for choosing Community Hospital for your healthcare needs. Both Medicare and your secondary insurance have paid their portion of your hospital charges. The balance is your responsibility.

BILLING INQUIRIES? PLEASE CALL 970/242-0920 (800-621-0926) AND REFER TO THE PATIENT-GUESTS NAME & ACCOUNT NUMBER

COMMUNITY TAX ID:	PATIENT-GUEST NAME:	ACCOUNT NO:	DATE OF SERVICE:	PAGE:
DATE	TRANSACTION	AMOUNT		
06/11/01	Charges from service date	10383.40		
07/05/01	Medicare Inpatient adjustment	-2602.96		
07/05/01	Medicare Inpatient payment	-6949.04		
07/17/01	Medicare adjustment	-39.40		
02/05/02	United Health Care payment	-125.00		
02/05/02	United Health Care payment	-625.00		
<u>ACCOUNT SUMMARY</u>				
	Charges to date:	10383.40		
	Payments to date:	7699.04		
	Adjustments to date:	2642.36		
	Current Account Balance		42.00	
Please reference itemized statement(s) mailed previously				

ACCOUNT BALANCE	PAYMENT DUE UPON RECEIPT OF STATEMENT	PLEASE PAY THIS AMOUNT	42.00
42.00	STATEMENT DATE		

TO INSURE PROPER CREDIT, DETACH AND RETURN THIS PORTION IN THE ENCLOSED ENVELOPE

Please check if the above address or insurance information is incorrect and indicate any changes on the reverse side.

ACCOUNT NUMBER:		PATIENT-GUEST NAME:	
STATEMENT DATE	AMOUNT DUE	DATE DUE	AMOUNT PAID:
IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.			
CHECK CARD USING FOR PAYMENT			
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER	AMOUNT		
SIGNATURE	EXP. DATE		
CARDHOLDER NAME			

AMOUNT ENCLOSED \$ _____
PLEASE MAKE CHECKS PAYABLE TO:
Community Hospital



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2021 N. 12th Street
Grand Junction, CO 81501

Source: Community Hospital, Grand Junction, CO. Used with permission.