An explanation of Northwest Community Hospital's New "Account Update" is provided below.

ACCOUNT UPDATE

Northwest Community Hospital • 800 West Central Rd • Arlington Heights, IL 60005 • www.nch.

Date payment is due

INSURANCE COMPANY NAME	POLICY #
BLUE CROSS PPO	ABC123456789
BLUE	54321

Insurance company & policy number

PATIENT'S NAME	DUE DATE
DOE ,JOHN Q.	01/31/03
DATES OF SERVICE	**BILL DATE**
10/01/02	12/31/02
BILLING QUESTIONS?	**OFFICE HOURS**
847-618-4747	8:30 AM - 4:00 PM

Thank you for choosing Northwest Community Hospital for your healthcare needs. The items listed below are for **Diagnostic Services** performed at **Northwest Community Hospital.**

DATE	DESCRIPTION	AMOUNT
	PREVIOUS BALANCE	$49.50
11/04/02	PTNT PMT 987654 123	-$10.00
12/19/02	PTNT PMT 123456 321	-$10.00

Message explaining type & place of service

Patient Financial Services telephone number & office hours

Patient account number

Total account balance

ACCOUNT NUMBER	12345678	ACCOUNT BALANCE	$29.50

Total amount due from patient

Pay This Amount	$29.50

EXAMPLE - DO NOT PAY

*Please return bottom portion in supplied envelope.

Please see reverse side for additional information.

MAILED FROM:

Northwest Community Hospital
800 West Central Road
Arlington Heights, IL 60005

☐ VISA ☐ MasterCard ☐ DISCOVER NOVUS ☐ AMERICAN EXPRESS

CARD NUMBER	EXP DATE
SIGNATURE	AMOUNT PAID

ACCT #	DUE DATE	AMOUNT DUE
12345678	01/31/03	$29.50

☐ Please enter address or insurance changes on back and check box.
Please write your account number on your check.

ADDRESSEE:

JOHN Q. DOE
123 ANYWHERE ST
ANYTOWN ST 12345-6789

MAKE CHECKS PAYABLE AND MAIL TO:

NORTHWEST COMMUNITY HOSPITAL
PO BOX 95698
CHICAGO IL 60694-5698