

An explanation of Northwest Community Hospital's New "Statement of Services" is provided below.

Message explaining type & place of service



STATEMENT OF SERVICES

Northwest Community Hospital • 800 West Central Rd • www.nch.org

Date payment is due

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

DATES OF SERVICE		STATEMENT DATE	DUE DATE
10/01/02	10/02/02	12/31/02	01/31/03
ACCOUNT NUMBER		PATIENT'S NAME	
12345678		DOE, JOHN Q	

DATE	QUANTITY AND SERVICE DESCRIPTION	AMOUNT
	R&C SEMI-PR 1DAYS@	765.00
	LAB	70.00
	PHARMACY	192.57
	MED/SUR SUPPLIES	604.00
	LABOR/DELIVERY	1567.00
TOTAL CHARGES		3198.57

Explanation of services provided

Patient Financial Services telephone number & office hours

Patient account number & patient name

Total account balance

This is a summary of your charges. Because this is the only summary you receive, please retain for your records. Payment in full is due within 30 days. If you have insurance, please call us at 847-618-4747. Additional billing may be necessary for any charges not posted when this statement was produced.

BILLING QUESTIONS? 847-618-4747	OFFICE HOURS 8:30 AM - 4:00 PM	PAGE # 1 of 1
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Pay This Amount → 3198.57

Total amount due from patient

*Please return bottom portion in supplied envelope.

MAILED FROM:



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

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



Please check box and fill out below

<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> DISCOVER NOWUS	<input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER	EXP DATE		
SIGNATURE		AMOUNT PAID	
ACCT #	DUE DATE	AMOUNT DUE	
12345678	01/31/03	3198.57	
INSURANCE COMPANY NAME		POLICY#	
SELF PAY		00000	

Insurance company & policy number