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 ***Emergency Services*** performed at ***Northwest Community Hospital***.

DATES OF SERVICE	STATEMENT DATE	DUE DATE
10/01/02	12/31/02	01/31/03

ACCOUNT NUMBER	PATIENT'S NAME
12345678	DOE, JOHN Q

Patient account number & patient name

DATE	QUANTITY AND SERVICE DESCRIPTION	AMOUNT
10/01	001 GENTAMICIN OPH OINT	12.08
10/01	001 ED STOCK MEDS	6.00
10/01	001 ER FEE #3	233.00
10/01	001 LEVEL 2 EMERG PHYSICI	110.00

Explanation of services provided

Patient Financial Services telephone number & office hours

Because this is the only statement you will receive, please retain for your records. We are billing YOUR MANAGED CARE PLAN as your primary insurance for these services. Additional billing may be necessary for any charges not posted when this statement was produced.

Total account balance

TOTAL CHARGES	361.08
Pay This Amount	18.08

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

Total amount due from patient

EXAMPLE. DO NOT PAY

*Please return bottom portion in supplied envelope.

Plea... ...itional information.

IF PAYIN... ...CK BOX AND FILL OUT BELOW

☐ VISA ☐ MasterCard ☐ Discover Novus ☐ American Express

CARD NUMBER | EXP DATE

SIGNATURE | AMOUNT PAID

ACCT #	DUE DATE	AMOUNT DUE
12345678	01/31/03	18.08

INSURANCE COMPANY NAME	POLICY#
HMO IL - NAMM	ABC987654321
HMO IL-OR-SVC	XYZ987654321

Insurance company & policy number

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