

? University of Washington Medical Center  
PO Box 34737  
Seattle, WA 98124-1737

# UW Medicine

UNIVERSITY OF WASHINGTON  
MEDICAL CENTER

The top portion of statement is for your records and shows where you were treated.

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### Summary for Patient: SAMPLE, JOHN DOE

Total Charges	
Total Insurance Payment	
Total Adjustments	
Total Patient Payments	
Total Patient Responsibility	\$426.40
Total Payment Plan Balance	\$0.00
Payment Plan Amount Due	\$0.00

This is a quick summary of your account with the total charges, payments, adjustments, and amount you need to pay now.

JOHN DOE SAMPLE  
12345 MY STREET  
MY CITY WA 98000-1234



**Total Amount Due by 12/03/2011 \$426.40**

Please see reverse for detailed account information.

### Current Insurance Information:

? This area shows what insurance coverage we have for your account

If your insurance coverage has recently changed, or you have coverage not listed above, please complete the CHANGE OF INSURANCE section on back of this statement.

### Important Information

? This area shows important information on how to set up a payment plan or apply for financial aid. It also contains information on when your payment is due.

credit and debit cards. To pay by phone or set up a monthly payment plan, call you qualify for Financial Assistance.

only statement if you have a balance due on your account. The patient responsibility shown is for special payment terms have been arranged. Your payments will be posted to the oldest a specific visit, please call our Customer Service Department and use your credit or debit card.

### Questions?

Billing questions, changes in insurance coverage or address? Please contact our Customer Service Office.

Hours of operation, 8:00am - 5:00pm Monday - Friday

Toll Free (800) 304-9645

Correspondence can be sent to: UWMC - Patient Financial Service, PO Box 34735, Seattle WA 98124-1737

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? The bottom portion of the statement needs to be returned with your payment so we can apply your payment quickly and accurately.

### MAKE YOUR CHECK PAYABLE TO:

University of Washington Medical Center  
PO Box 34735  
Seattle WA 98124-1737

Guarantor: JOHN DOE SAMPLE	Statement Date: 11/12/2011
Guarantor Number 2054739	Date Due 12/03/2011
Amount Due \$426.40	

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You can pay your account by check, credit or debit card. If you are paying by or debit card, please be sure to fill out the required information. Please do not send cash in the mail. You may pay with cash at the Hospital Cashier's office.



Cardholder Name \_\_\_\_\_  
Card Number \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Signature \_\_\_\_\_

Check box if your insurance or address has recently changed and complete the form on the back of this stub.