

Statement Date: 11/07/2018

**Summary for patient: ALEX STATEMENT**

ALEX STATEMENT  
 3836 MCLAUGHLIN RD  
 MOUNT VERNON, WA 98273-9144

Total Charges	\$732.00
Total Insurance Payments	\$0.00
Total Adjustments	\$0.00
Total Patient Payments	\$0.00
Total Patient Responsibility	\$732.00
Total Payment Plan Balance	\$0.00
Payment Plan Amount Due	\$0.00

<b>Total Amount Due Upon Receipt</b>	<b>\$732.00</b>
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Please pay balance due upon receipt. Contact Customer Service at 206-598-1950 to update your account or to set up a payment plan. Visit our website at [www.uwmedicine.org/billing](http://www.uwmedicine.org/billing) for more information.

**For your convenience, University of Washington Medical Center offers online bill pay at: [www.payuwmc.com](http://www.payuwmc.com)**

If your insurance coverage has recently changed or if you have coverage not listed with your accounts in the Detailed Account Activity section, your account must be updated. To update your account, complete and mail in the CHANGE OF INSURANCE section on the next page or contact Customer Service for assistance.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at [www.uwmedicine.org/financialassistance](http://www.uwmedicine.org/financialassistance) or call 206-598-1950.

Si necesita ayuda para pagar su factura, tenga o no tenga seguro, usted puede ser considerado para recibir asistencia financiera. Para obtener más información, visite nuestro sitio web en [www.uwmedicine.org/financialassistance](http://www.uwmedicine.org/financialassistance) o llame al 206-598-1950.

**RETAIN THIS PORTION OF YOUR STATEMENT FOR TAX PURPOSES**



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

**For your convenience, pay your bill  
 ONLINE AT [WWW.PAYUWMC.COM](http://WWW.PAYUWMC.COM)**

**OR**

**MAKE CHECKS PAYABLE TO:**

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

<b>IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.</b>	
<input type="checkbox"/> MasterCard <input type="checkbox"/> DISCOVER <input type="checkbox"/> VISA <input type="checkbox"/> AMERICAN EXPRESS	
CARD NUMBER	
NAME ON CARD	EXP DATE
ADDRESS OF CARD HOLDER	
SIGNATURE	
GUARANTOR NUMBER <b>0123456</b>	STATEMENT DATE <b>11/07/2018</b>
AMOUNT DUE <b>\$732.00</b>	AMOUNT ENCLOSED

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