

MAKE CHECKS PAYABLE TO:



St. Clair Hospital
1000 Bower Hill Road
Pittsburgh, PA 15243-1899

MAKE CHECKS PAYABLE TO: ST CLAIR HOSPITAL
ANY QUESTIONS CALL 412-344-3408
PATIENT NAME:

ADDRESSEE:

REMIT TO:

IF PAYING BY MASTERCARD OR VISA, FILL OUT BELOW

CHECK CARD USING FOR PAYMENT

MASTERCARD VISA AMERICAN EXPRESS DISCOVER

CARD NUMBER: _____ AMOUNT: _____

SIGNATURE: _____ EXP-DATE: _____

STATEMENT DATE: 10/19/15
Discounted Amt \$4.50 on or before 11/03/15.
Pay this amount \$5.00 after 11/03/15.

DATE OF SERVICE: 09/15/15 ACCT# 123456 SHOW AMOUNT PAID HERE \$ _____

Visit Date

Account number

Balance Due

Please check box if above address is incorrect or if account information has changed and indicated the change(s) on _____

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT
PLEASE DO NOT STAPLE CHECK

PATIENT NAME		DATE OF SERVICE	STATEMENT DATE	ACCOUNT NUMBER	DATE PAYMENT DUE
		09/15/15	10/19/15	123456	11/02/15
DATE	CODE	DESCRIPTION	CHARGES	CREDITS	BALANCE
10/02/15		MRI Brain w/ Contrast	696.00	652.62-	
10/07/15			8.00	45.44-	
10/07/15					0.94-
BALANCE					5.00

Service description

Thank you for choosing St. Clair Hospital for your healthcare needs. It is our desire to provide you with the most current information related to your hospital charges. You may receive a separate bill for physician services.

Your insurance has been billed and has identified that you owe the amount indicated. Please remit payment to St. Clair Hospital. A 10% prompt pay discount will be extended if payment in full is received within 15 days from this statement date. Please send your prompt payment of \$4.50 to St. Clair Hospital.

St. Clair Hospital has a Financial Assistance Program that may help reduce your financial burden if you meet income thresholds. If you are unable to make payment in full, please contact our customer service department at 412-344-3408 or visit us online at www.stclair.org for more information or to obtain an application. You may also securely and easily pay your bill online at www.stclair.org and select "Bill Payment".

**PATIENT RESPONSIBILITY
PLEASE PAY THIS AMOUNT**
5.00

Balance Due