PO BOX 13780 | GRAND FORKS ND 58208-3780

HOSPITAL/CLINIC STATEMENT

Questions about this statement? Please Call: 701-780-1500 or 800-464-7574

Hours of operation: 8:00am - 5:00pm, Mon - Fri

Addressee

գկունըիցարիկարերիակիրորկին ունին և

John P Test 123 West Avenue South Grand Forks ND 58201

Check if address/insurance changes are on back

ONLINE BILLING

It's fast, easy, and no postage necessary!
e-Statements and e-Payments
are now available!

Pay Online: altru.mysecurebill.com

| Account Number | Due Date | Amount Due | Amount Paid | 12/16/2015 | \$155.43 | \$

Please make checks payable and remit to:

1000317346 0000015543 0000015543 9

mvEasyMatch Code: P-CKYQN-95598-BMHFQT

Please detach and return top portion with payment.

Account Number	Account Name	Statement Date	Due Date	
1000121212	John P Test	11/26/2015	12/16/2015	

Page 1 of 2

Date	Service Description	Charges	Payments/ Adjustments	Insurance Balance	Patient Balance
New Services					
10/22/2015	Patient: John P Test Visit Dates: 10/22/2015 - 10/22/2015 Visit: 123456789 Clinic Visit \$XXX.XX				
	Facility Services Balance Insurance no				\$X.XX
	eligible to bil provider bas are combine into one clair	as ed d			



MESSAGES

Thank you for choosing Altru Health System for your healthcare needs.

AMOUNT DUE:

\$XX.XX

PO BOX 13780 | GRAND FORKS ND 58208-3780

HOSPITAL/CLINIC STATEMENT

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John P Test 123 West Avenue South Grand Forks ND 58201

☐ Check if address/insurance changes are on back

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Pay Online: altru.mysecurebill.com

Due Date Amount Due | Amount Paid 1000121212 12/16/2015 \$155.43

Please make checks payable and remit to:

ՈւօգՈրդենիովինիակինիներինիիներերին ALTRU HEALTH SYSTEM PO BOX 3045 MILWAUKEE WI 53201-3045

1000317346 0000015543 0000015543 9

myEasyMatch Code: P-CKYQN-95598-BMHFQT

Please detach and return top portion with payment.

Account Number	Account Name	Statement Date Due Da	
1000121212	John P Test	11/26/2015	12/16/2015

Page 1 of 2

Date	Service Description	Charges	Payments/ Adjustments	Insurance Balance	Patient Balance
New Servi	Des .				1
10/22/2015	Patient: John P Test Visit Dates: 10/22/2015 - 10/22/2015 Visit: 987654321 Clinic Visit \$XXX.XX	technic	the charge for al services pro the hospital	vided	
	Facility Services Balance				\$XX.XX
10/22/2015	Patient: John P Test Visit Dates: 10/22/2015 - 10/22/2015 Visit: 123456789 Clinic Visit \$XX.XX				
	Professional Services Balance				\$XX.XX
			the charge for rovider and visit		



MESSAGES

Thank you for choosing Altru Health System for your healthcare needs.

AMOUNT DUE:

\$XX.XX