

**MAKE CHECKS PAYABLE TO:**



**High Point Regional Health System**

www.highpointregional.com

**FORWARDING SERVICE REQUESTED**

PO BOX 2680  
HIGH POINT, NC 27261-1899  
336-878-6003  
1-866-742-6808

**IF PAYING BY MASTERCARD, VISA, DISCOVER OR AMERICAN EXPRESS, FILL OUT BELOW.**


CHECK CARD USING FOR PAYMENT											
	<input type="checkbox"/>	MASTERCARD		<input type="checkbox"/>	VISA		<input type="checkbox"/>	DISCOVER		<input type="checkbox"/>	AMERICAN EXPRESS
CARD NUMBER									EXP. DATE		
SIGNATURE									AMOUNT		
STATEMENT DATE				SERVICE DATE				PATIENT NUMBER			
AMOUNT DUE						SHOW AMOUNT PAID HERE					
						\$					

**ADDRESSEE:**

**REMIT TO:**

**STATEMENT**

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

PATIENT NAME	PATIENT NUMBER	STATEMENT DATE	SERVICE DATE	AMOUNT DUE
ADMISSION DATE	DESCRIPTION			AMOUNT
				
<p><b>Thank you for choosing High Point Regional Health System</b></p>				

**IMPORTANT MESSAGE:**

**ACCOUNT SUMMARY**

PATIENT PAYMENTS	
INSURANCE PAYMENTS	
INSURANCE ADJUSTMENTS	
<b>CURRENT ACCOUNT BALANCE/BALANCE DUE</b>	



**QUESTIONS?**

Billing Phone Number 336-878-6003  
Billing Fax Number 336-878-6010

**Payment received after statement date will appear on next statement**