

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>Thank you for choosing High Point Regional Health System</p> | | | | |

IMPORTANT MESSAGE:

ACCOUNT SUMMARY

| | |
|--|--|
| PATIENT PAYMENTS | |
| INSURANCE PAYMENTS | |
| INSURANCE ADJUSTMENTS | |
| CURRENT ACCOUNT BALANCE/BALANCE DUE | |



QUESTIONS?

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

Payment received after statement date will appear on next statement