

MAKE CHECKS PAYABLE TO:



FORWARDING SERVICE REQUESTED

PATIENT NAME: BILLER, JOHNNIE  
 BUSINESS PHONE: (989) 731-2198 OR 800-322-3664

ADDRESSEE:



3-3 \*\*\*\*\*AUTO\*\*3-DIGIT 339  
 JOHNNIE BILLER  
 2129 ANDREA LANE  
 FT. MYERS, FL 33912-0194

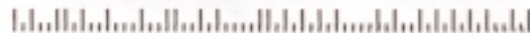
IF PAYING BY MASTERCARD, VISA, DISCOVER OR AMERICAN EXPRESS, FILL OUT BELOW.

CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA	<input type="checkbox"/> SA
<input type="checkbox"/> DISCOVER	<input type="checkbox"/> DISCOVER	
CARD NUMBER	AMOUNT	
SIGNATURE	EXP. DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
5/22/2002	\$11.70	9999139

Page # 1 of 1

SHOW AMOUNT PAID HERE \$

REMIT TO:



OTSEGO MEMORIAL HOSPITAL  
 825 N CENTER AVE  
 GAYLORD, MI 49735-1592

Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT  
 OMH-1080

SERVICE DATE	DESCRIPTION	CHARGES / PAYMENTS
4/11/2002	RADIOLOGY	118.00
	TOTAL CHARGES	118.00
5/16/2002	BLUE CROSS TRUST CONTR ADJ	.97-
5/16/2002	BLUE CROSS TRUST	105.33-
	BALANCE DUE	11.70

THANK YOU FOR YOUR PAYMENT.

ADMIT DATE	DATE DISCHARGED	STATEMENT DATE	FOR THE ACCOUNT OF
4/11/2002	4/11/2002	5/22/2002	BILLER, JOHNNIE
			9999139



PATIENT NAME: BILLER, JOHNNIE



OTSEGO MEMORIAL HOSPITAL  
 825 N. CENTER  
 GAYLORD, MI 49735

BUSINESS PHONE: (989) 731-2198 OR 800-322-3664

PLEASE PAY THIS AMOUNT	\$11.70
------------------------	---------

