

Sample Statement

View billing name (highlighted in red) to select correct payment area.

Nemours. duPont Pediatrics

PO Box 530277 Atlanta GA 30353-0277



005386 0101

RETURN SERVICE REQUESTED

PAGE NO. 1

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.			
CHECK CARD USING FOR PAYMENT			
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER	VIN	AMOUNT	
SIGNATURE		EXP. DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCT. #	
04/26/14	20.00	12345678	
PAYMENT DUE DATE		SHOW AMOUNT PAID HERE \$	
08/10/14			
ADDRESSEE:		REMIT TO:	
		606866 (PC1)	

JOHN Q. PATIENT
123 N. MAIN STREET
ANYTOWN, USA 12345-6789

NEMOURS NJ PHYSICIAN PRACTICES
PO BOX 530277
ATLANTA GA 30353-0277



0009800056789000123450000 0001

Please check information

STATEMENT

DATE						PATIENT BALANCE
07/18/2014	NEMOURS NJ PHYSICIAN PRACTICES					
07/18/2014	PO BOX 530277					
07/18/2014	ATLANTA GA 30353-0277					
07/18/2014	PREVENTIVE VISIT, EST AGE 1-4	JOHN	16.00		1.66	0.00
07/18/2014	INSURANCE CONTRACT ALLOWANCE -CIGNA	JOHN		14.34		0.00
07/18/2014	PREVENTIVE VISIT, EST AGE 1-4	JOHN	102.00		62.88	0.00
07/18/2014	INSURANCE CONTRACT ALLOWANCE -CIGNA	JOHN		39.12		0.00
07/18/2014	PREVENTIVE VISIT, EST AGE 1-4	JOHN	169.00		108.44	0.00
07/18/2014	INSURANCE CONTRACT ALLOWANCE -CIGNA	JOHN		47.56		0.00
07/18/2014	PREVENTIVE VISIT, EST AGE 1-4	JOHN	179.00		143.54	0.00
07/18/2014	INSURANCE CONTRACT ALLOWANCE -CIGNA	JOHN		38.46		0.00
07/18/2014	PREVENTIVE VISIT, EST AGE 1-4	JOHN	40.00		22.91	0.00
07/18/2014	INSURANCE CONTRACT ALLOWANCE -CIGNA	JOHN		17.09		0.00

"The guarantor is responsible for payment of all charges for physician or hospital services provided to patients for whom the guarantor has accepted responsibility which are not covered by the guarantor's health insurance plan, or for which the guarantor is responsible under the health insurance plan. You may receive multiple bills, some for physician services and others for hospital services. In the event of overpayment, Nemours will transfer overpaid funds to any of your subaccounts, hospital or physician that has an open balance, or if none, will refund the amount of overpayment to you. Please call 1-866-390-3610 if you have questions."

IF YOUR INSURANCE DOES NOT PAY, THE BALANCE DUE MAY BECOME PATIENT'S RESPONSIBILITY.

ACCOUNT NUMBER	CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS	INSURANCE	PATIENT
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