

Sample Statement

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

Nemours. Children's Primary Care

PO Box 530313
Atlanta GA 30353-0313



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: 606986 (PC1)

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

CHILDREN'S HEALTH ALLIANCE, LLC
AN AFFILIATE OF NEMOURS
PO BOX 530313
ATLANTA GA 30353-0313



00098000567890001234500000 0001

Please check box if above address is incorrect or insurance information is incorrect.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE					PATIENT BALANCE	
07/18/2014 07/18/2014	CHILDREN'S HEALTH ALLIANCE, LLC AN AFFILIATE OF NEMOURS PO BOX 530313 ATLANTA GA 30353-0313				0.00	
07/18/2014 07/18/2014					0.00	
07/18/2014 07/18/2014	PREVENTIVE VISIT, EST AGE 1-4 INSURANCE CONTRACT ALLOWANCE -CIGNA	JOHN JOHN	102.00	39.12	62.88	0.00
07/18/2014 07/18/2014	PREVENTIVE VISIT, EST AGE 1-4 INSURANCE CONTRACT ALLOWANCE -CIGNA	JOHN JOHN	169.00	47.56	108.44	0.00
07/18/2014 07/18/2014	PREVENTIVE VISIT, EST AGE 1-4 INSURANCE CONTRACT ALLOWANCE -CIGNA	JOHN JOHN	179.00	38.46	143.54	0.00
07/18/2014 07/18/2014	PREVENTIVE VISIT, EST AGE 1-4 INSURANCE CONTRACT ALLOWANCE -CIGNA	JOHN JOHN	40.00	17.09	22.91	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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