## Front



164 SUMMIT AVENUE PROVIDENCE, RI 02906

For Account Information, Please Call 401-444-6966

Patient Name
Service Date: 07/28.
Service End:
Last Statement Date:
Account No: 111111111

Statement of Account 08/15/05

Transaction Date		Descr	iption		Amount
		PREVIOUS	BALANCE		672.00
Estimated Insurance Due:	562.80	Total Patie	ent Credits:	Account Balance:	672.00
					-
OFFICE HOURS ARE MONDAY	THRU FRIDAY,	9:00AM TO 4:30PM			
PATIENT BALANCE DUE AND PA HAVE QUESTIONS ON YOUR BI	LL-CALL (401)44	4-6966,M-F,9AM-4P	PM.		
THE MIRIAM HOSPTIAL					
		Please detach and	return with your payment		

THE MIRIAM HOSPITAL 164 SUMMIT AVENUE PROVIDENCE, RI 02906

ADDRESS SERVICE REQUESTED

For Hospital Use Only 109.20 11111111111 ADM DT: 072805 DSH DT: "NONE" Patient Name 08/29/05 FC: В MR: RC: HR: TME DP: 081105 Make Check Payable To THE MIRIAM HOSPITAL.

\* The CVV2 Number is the last 3 digits on the back of your credit card, by your signature

00000075 1 SP 0.370 01 PATIENT NAME 1212 MAIN ST ANYTOWN USA Hhamldhallamlamlahllamldhall THE MIRIAM HOSPITAL P.O. BOX 1202 PROVIDENCE, R.I. 02901-1202

Please check this box if your address or insurance information has changed and record the changes on the back of this statement

## Back

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	Transaction Date		Description	tatement of	Ame	1000
	your trent payments/ section of	ment on the date adjustments pos your statement.	recytous BALAN or charges incurred  indicated at a Lifes ted to this account a billed separately.	for services provid pan facility. All	led during	
	Entirested Insurance Dec	562.80	Total Patient Cresi		Account Balance: 67.	2.00
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