

When you enroll, be sure to enter you name exactly as shown in this location on your statement

JOHN DOE 🕽 **1234 MAIN ST**

ANYTOWN USA 12345-6789

Important Message

Your secondary insurance plan has not paid your claim in full. You now have an outstanding balance, which is your responsibility.

Please contact Patient Financial Services (302)645-3546 for the following:

- Establish acceptable payment arrangements and avoid further collection activity
- Provide updated Insurance information

If you would like to make a payment online or are in need of financial assistance, please refer to www.beebehealthcare.org for instructions for making payments or the Financial Assistance guidelines and application process to determine if you may be eligible.

Account Summary

Patient Name: JOHN DOE

Statement Date: 06/07/17

Service Date(s): 04/10/17-04/10/17

Account Number: 123456789

Medical Record Number:

Please Pay This Amt:

Total Charges:

Total Payments/Adjustments:

\$140.00

\$77.46-Account Balance: \$62.54 \$62.54

Charge Summary

Insurance Information

Ins. 1: HIGHMARK MEDI Ins. 2: GUARANTEE TRU

Ins. 3: Ins. 4:

Contact Us

For questions, call customer service at: (302)645-3546.

Please Note: Your physician will bill separately for professional services.

Make Checks Payable To: Beebe Healthcare

Beebe Healthcare 424 Savannah Road **Lewes DE 19958**

Check box if your address or insurance information has changed. Please make changes on back.

JOHN DOE 1234 MAIN ST ANYTOWN USA 12345-6789

Account Number:	Please Pay This Amount:	
123456789	\$62.54	
Patient Name:	Due By:	
JOHN DOE	Upon Receipt	
Wisker Card.	DISCOVER	AMERICAN EXPRESS
Card Number:	CVV2 No:*	Exp. Date:
Signature:	Amount Paid:	

*The CVV2 No. is required to process your payment. It is the last 3 digits on the back of your credit card, by your signature. For Amex card holders, it is the 4-digit number on the front of your card, above the card number

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BEEBE HEALTHCARE P O BOX 822012 PHILADELPHIA, PA 19182-2012