



P.O. BOX 3870  
WICHITA, KS 67201



<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> MED CHARGE
CARD NUMBER		SECURITY CODE	
SIGNATURE		EXP. DATE	
PATIENT NAME <b>JOHN Q. PATIENT</b>		DUE DATE <b>4/29/2007</b>	
ACCOUNT NUMBER <b>999999999</b>	AMOUNT DUE <b>780.00</b>	AMOUNT PAYING	

ADDRESSEE:

1 01

JOHN Q. PATIENT  
1234 MAIN STREET  
DERBY, KS 67037-1338



REMIT THIS PAYMENT STUB TO:

VIA CHRISTI REG MED CTR  
P.O. BOX 47887  
WICHITA, KS 67201



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. PLEASE RETAIN BOTTOM PORTION FOR YOUR RECORDS.

DEAR JOHN Q. PATIENT,  
YOUR INSURANCE COMPANY HAS PAID ITS PORTION OF YOUR BILL. PLEASE SEND YOUR PAYMENT FOR THE REMAINING BALANCE.

**PATIENT SERVICES PROVIDED**

**ACCOUNT SUMMARY**

Previous Balance	.00
EMERGENCY ROOM	1175.00
PHARMACY	260.00
CT SCAN	3,895.00
MEDICARE PAYMENT	3,500.00-
MEDICARE ADJUSTMENT	800.00-
AETNA PAYMENT	250.00-

Statement Date	04/14/07
Date of Service	02/27/07
Account Number	999999999
Current Balance	43.16

Summary of Charges, Payments, and Adjustments.

Amount Due as of this Statement Date

**This is what you owe now 780.00**

Insurance on file as of this Statement Date

**INSURANCE INFORMATION**

**PRIMARY** MEDICARE PART B OP  
**SECONDARY** AETNA NOT PREFERRED

**CONTACT US**

Billing questions or an itemized bill request? Call your customer service representative at 1-316-268-5178 or toll free at 1-800-362-0070, Monday-Friday, 9:00am to 4:00pm. See back for more information.

If you don't have insurance or will have difficulty in paying your portion of this bill, please contact our financial counselors, who are available to assist you Monday thru Friday from 9:00 am to 4:00 pm at (316)268-5178.

