



**Thank you for choosing Davis Health System for your healthcare needs.**

Statement date: 12/3/2012  
 Responsible Party: JOHN DOE  
**Due Date: 12/18/2012**

**REQUEST FOR PAYMENT**

<b>Total Charges</b>	<b>\$ 1,932.91</b>
Insurance Payments / Adjustments	\$ 1,240.60
Patient Payments	- \$ 1,000.00
<b>Total Balance Due</b>	<b>\$ 2,173.51</b>

Non-Payment Plan Accounts	\$ 0.00
Payment Plan Accounts	\$ 2,173.51

**Payment Plan Due \$ 50.00**

**Insurance Information**

Please review the insurance information on the following pages. If there is a change, please visit us immediately at [www.davishealthsystem.org](http://www.davishealthsystem.org) to update it or call customer service at **304-457-8123**.

For help managing your medical expenses go to [www.davishealthsystem.org](http://www.davishealthsystem.org).

**Important Message**

We do not have insurance information on file for the services provided. The \$ 2,173.51 balance is your responsibility and is now due.

Please see payment information below or contact Patient Services for more payment options.

**Payment and Other Information**



Visit [www.davishealthsystem.org](http://www.davishealthsystem.org) to pay online.

If you need to speak with Patient Services, please call **(304) 457-8123**, **8AM – 4PM, Mon – Fri**, or email us at [billing@davishealthsystem.org](mailto:billing@davishealthsystem.org).



**For Radiological Physicians, call (866) 338-6463**



PO BOX 1484  
 ELKINS, WV 26241

JOHN DOE  
 123 Main Street  
 Anywhere, USA 12345

**Account No(s):**

Amount Due	Due Date	Amount Paid
<b>\$ 50.00</b>	<b>12/18/2012</b>	<b>\$</b>



**Pay by Credit Card online at [www.davishealthsystem.org](http://www.davishealthsystem.org) or call 304-457-8123 for credit card processing**

**BROADDUS HOSPITAL**  
 PO BOX 1484  
 ELKINS, WV 26241