



Davis Memorial Hospital

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

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

REQUEST FOR PAYMENT

| | |
|----------------------------------|---------------------|
| Total Charges | \$ 34,545.69 |
| Insurance Payments / Adjustments | - \$ 14,362.17 |
| Patient Payments | - \$ 19,006.00 |
| Insurance Pending | \$ 0.00 |
| Total Balance Due | \$ 1,177.52 |

| | |
|---------------------------|-------------|
| Non-Payment Plan Accounts | \$ 0.00 |
| Payment Plan Accounts | \$ 1,177.52 |

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 to update it or call customer service at **304-637-3125**.

For help managing your medical expenses go to www.davishealthsystem.org.

Important Message

Thank you for choosing Davis Health System to meet your healthcare needs. This is a statement of your current bill. If you would like to make monthly payments, have questions or are in need of assistance, please contact us today at 304-637-3125. It has been our pleasure serving you.

Payment and Other Information



Visit www.davishealthsystem.org to pay online.



If you need to speak with Patient Services, please call **(304) 637-3125, 8AM – 4PM, Mon – Fri**, or email us at billing@davishealthsystem.org.

For Radiological Physicians, call (866) 338-6463



Davis Memorial Hospital
 PO BOX 1484
 ELKINS, WV 26241-1484

JOHN DOE
 123 Main Street
 Anywhere, USA 12345

Account No(s):

| Amount Due | Due Date | Amount Paid |
|-----------------|---------------------|-------------|
| \$ 50.00 | Upon Receipt | \$ |



Pay by Credit Card online at www.davishealthsystem.org or call (304) 637-3125 for credit card processing.

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 ELKINS, WV 26241-1484

