

An explanation of your billing statement

Number noted throughout the statement and on all correspondence. Please include this number on your check and refer to it when calling with questions.

Statement print date

Date payment or other financial arrangements due to MaineHealth

Additional pages of your bill contain the following information:

MaineHealth
MaineHealth is a not-for-profit family of leading, high-quality providers and allied healthcare organizations working together so our communities are the healthiest in America. Nationally recognized as a leader and top 100 integrated health network, MaineHealth and its members offer a comprehensive range of healthcare services to the communities of Southern, Central and Western Maine.

Welcome to your MaineHealth consolidated billing statement which includes more information all in one place.

Invoice Number: 0000004398
 Statement Date: 09/18/12
 Due Date: 10/02/12
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IMPORTANT MESSAGE:

Thank you for choosing MaineHealth for your healthcare needs. Please pay the amount due in full, or contact our office to discuss payment options.

Statement Summary for Responsible Party John Doe

Previous Statement Balance	14,282.50
(-) Payments and Adjustments	-13,457.50
(+/-) Other Changes	0.00
(+) New Patient Responsibility	76.00
Total Current Balance	901.00

Minimum amount due from John Doe **144.75**

See following pages for account details.

Please detach this portion and return with your payment

To pay by credit/debit card, please fill out below:

Visa
 MasterCard
 Discover
 American Express

Card Number: _____ Expiration Date: ____/____

Signature: _____ Security Code: _____

Responsible Party	Invoice Number	Due Date	Amount Due	Enclosed
John Doe	0000004398	10/02/12	144.75	\$144.75

Please make checks payable to:

John Doe
 123 Congress St.
 PORTLAND, ME 04101

MaineHealth
 Patient Financial Services
 P.O. Box 16021
 Lewiston, ME 04243-9501

Person responsible for bill, which may be a parent, guardian or other responsible adult.

- Where you received your services
- Itemized charges for services
- Total cost for each service
- Total charges minus previous payments

Payments or adjustments made by you or your insurance

New amount now owed since last statement

Amount that you must pay at this time, which may reflect payment arrangements you have made.

Amount you are paying

Where payments are processed