Androscoggin Valley
HOSPITAL
P.O. Box 473 Amherst, NH 03031

Patient account number

Date service provided

Acct. Number:	V0123456789
Service Date:	9/13/2011 – 9/13/2011
Patient Name:	DOE, JOHN
Balance Due:	**$375.00**

Amount due by patient

$☐☐☐☐☐.☐☐
Amount Enclosed **(To pay by Credit Card see back side)**

#[AVHBA1]#
DOE, JOHN
123 PATIENT PLACE
AMHERST, NH 03031

Name and address of guarantor. (This may be someone other than patient.)

Remit To:
Androscoggin Valley Hospital
Attn: Cashier
59 Page Hill Road
Berlin, NH 03570-3542

Where to send payment

▲PLEASE ENCLOSE THIS PORTION WITH YOUR PAYMENT▲
▲PLEASE SEE BACK SIDE TO FURNISH ADDITIONAL INSURANCE INFORMATION OR TO PAY BY CREDIT CARD▲

Thank you for choosing Androscoggin Valley Hospital. Your satisfaction is our primary concern. We have billed your insurance company; however there is a remaining amount as shown. The balance is your responsibility; please remit payment in full within 10 days or contact us to establish a payment arrangement.

Bill for Medical Services for your Visit on 9/13/2011 through 9/13/2011

Charge Information

EMERGENCY ROOM	$408.00
PROFESSIONAL FEES	$138.00
PHARMACY	$136.84
Total Charges	$682.84

Total charges during patient visit

Insurance Information

BLUE CROSS

Amount previously paid by patient

Payments and Adjustments

PATIENT PAYMENTS	-$63.64
BLUE CROSS DISCOUNT	-$75.18
BLUE CROSS PAYMENT	-$169.02

Insurance payment and adjustment

Please Pay This Amount $ 375.00 ← Amount due by patient

An Itemized Bill is available free of charge upon request

Billing Questions

Hours: Weekdays 8:30am to 5:00pm
Insurance Inquiries: 603-326-5645
Customer Service: 603-326-5653
Address: 59 Page Hill Road
Berlin, NH 03570-3542
www.avhnh.org

You may charge the balance to your Visa, MasterCard, Discover or American Express. Please fill out the back side of the payment slip above or contact the Cashier at 603-326-5645.

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TDD DEVICE: 603-326-5800