

MAKE CHECKS PAYABLE TO:

# LEE MEMORIAL HEALTH SYSTEM

P.O. Box 150107  
Cape Coral, Florida 33915  
239-574-0229 or 800-809-9906

PATIENT NAME  
**PATIENT, A**

ADMISSION DATE <b>07/12/02</b>	STATEMENT DATE <b>10/19/02</b>	CURRENT BALANCE <b>121.80</b>	ACCOUNT NUMBER <b>9999999</b>
DISCHARGE DATE <b>07/17/02</b>	PLEASE PAY THIS AMOUNT <b>\$ 121.80</b>	PAYMENT DUE BY <b>11/02/02</b>	ENTER AMOUNT PAID <b>\$</b>

IF PAYING BY MASTERCARD, VISA, DISCOVER OR AMERICAN EXPRESS, FILL OUT BELOW.

CHECK CARD USING FOR PAYMENT

MASTERCARD   
  VISA   
  DISCOVER   
  AMERICAN EXPRESS

CARD NUMBER \_\_\_\_\_ AMOUNT \_\_\_\_\_

SIGNATURE \_\_\_\_\_ EXP. DATE \_\_\_\_\_

GUARANTOR:

REMIT TO:



1-1 \*\*\*\*\*AUTO\*\*3-DIGIT 012  
IGET THEBILL  
7890 ANYSTREET AVE  
SOMECITY, ST 01234-5678



LEE MEMORIAL HOSPITAL  
PO BOX 150107  
CAPE CORAL, FL 33915-0107

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  
LMHS-1098

SERVICE LOCATION	TOTAL CHARGES	ACCOUNT NUMBER	PATIENT NAME
Lee Memorial	21,574.35	8888888	PATIENT, A

  

DATE	DESCRIPTION	AMOUNT
07/16/02	*CT BIOPSY GUIDANCE	900.60
07/16/02	*CT BIOPSY GUIDANCE	900.60-
07/21/02	MEDICARE CONTRACTUAL ADJ	16,717.84-
07/25/02	MEDICARE CONTRACTUAL ADJ	16,717.84
07/26/02	INSURANCE PER DIEM ADJ	15,643.13-
08/11/02	MC R/A 080502 PAYMENT	4,014.34-
08/11/02	MC R/A 080502 ADJUST	4,826.34
09/17/02	INSURANCE PER DIEM A K43 AETNA K43	5,931.22-
09/17/02	INSURANCE PER DIEM A K43 AETNA K43	15,643.13-
10/14/02	MEDICARE CONTRACTUAL M01 MEDICARE	21,574.35-
10/14/02	REV CRCTON M01 MEDICARE	5,931.22
10/14/02	AETNA 10-4-02 123456 K43 AETNA K43	690.20-

**MESSAGES:** YOUR INSURANCE COMPANY HAS PROCESSED THIS CLAIM. REMIT PAYMENT IN FULL UPON RECEIPT OF THIS NOTICE. PLEASE CONTACT THE BUSINESS OFFICE WITH ANY QUESTIONS (239) 574-0229 MONDAY-FRIDAY 8AM-4:30PM THANK YOU FOR CHOOSING LEE MEMORIAL HEALTH SYSTEM FOR YOUR HEALTH CARE NEEDS.

PAYMENTS RECEIVED AFTER BILLING DATE WILL APPEAR ON NEXT STATEMENT



LEE MEMORIAL HOSPITAL



HEALTH PARK MEDICAL CENTER



CAPE CORAL HOSPITAL

ACCOUNT SUMMARY	
TOTAL CHARGES	21,574.35
PREVIOUS BALANCE	21,574.35
PAYMENTS / OTHER ADJUSTMENTS	21,452.55-
CURRENT ACCOUNT BALANCE	121.80
PAYMENT DUE DATE	11/02/02
<b>PAY THIS AMOUNT</b>	<b>121.80</b>

# LEE MEMORIAL HEALTH SYSTEM

P.O. Box 150107  
Cape Coral, Florida 33915

239-574-0229  
or  
800-809-9906

www.leememorial.org