



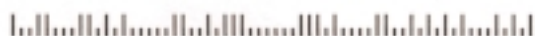
ST. MARY'S REGIONAL MEDICAL CENTER

Campus Avenue, P.O. Box 291
Lewiston, ME 04243-0291

STATEMENT OF ACCOUNT:



ADDRESSEE:



1-1 *****AUTO**5-DIGIT 33912
JUDY BILLER
2129 ANDREA LANE
FT. MYERS, FL 33912-0193

ACCOUNT

1001566

GUARANTOR

1001566

STATEMENT DATE

03/11/02

SERVICE DATE

01/01/00

F/C

S

Dear JUDY BILLER,

On 01/01/00, St.Mary's Regional Medical Center rendered EMERGENCY DEPARTMENT services to JUDY BILLER. This statement is provided to inform you that we have received payment from Tufts and the balance due is the patient responsibility. Please contact your Patient Representative by calling (207) 777-8208, if you would like to discuss payment arrangement. The Pt Rep office and the Cashier office are open Mon-Fri from 8:00-4:30. Both are located off from the main lobby at St.Mary's.

SMR-1055

| DESCRIPTION | AMOUNT |
|-------------------|--------|
| TOTAL CHARGES | 197.00 |
| TOTAL PAYMENTS | 60.00 |
| TOTAL ADJUSTMENTS | 112.00 |
| BALANCE DUE | 25.00 |

PAYMENTS MADE LESS THAN 10 DAYS BEFORE THE DATE OF THIS STATEMENT MAY NOT APPEAR ON THIS BILL. PAYMENT OF YOUR ACCOUNT IS REQUESTED UPON RECEIVING THIS NOTIFICATION.

MESSAGES:

PLEASE PAY THIS AMOUNT

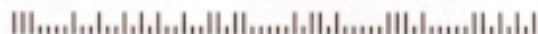
\$25.00

| STATEMENT DATE | PATIENT | SERVICE DATE | AMOUNT | ACCOUNT NUMBER | AMOUNT ENCLOSED |
|----------------|---------|--------------|---------|----------------|-----------------|
| 03/11/02 | BILLER | 01/01/00 | \$25.00 | 1001566 | |

| CHECK CARD USING FOR PAYMENT | CREDIT CARD NUMBER | EXP. DATE | SIGNATURE |
|--|--------------------|-----------|-----------|
| <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER CARD | | | |

MAKE CHECKS PAYABLE TO:

PLEASE REFER ALL BILLING QUESTIONS OR CUSTOMER SERVICE INQUIRIES TO OUR PATIENT REPRESENTATIVE DEPARTMENT: (207) 777-8208



St. Mary's Regional Medical Center
P.O. Box 6300
Lewiston, ME 04241-6300

Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT