



Hunterdon Healthcare

Your full circle of care.

www.hunterdonhealthcare.org

P.O. Box 69

Nashport, OH 43830-0069



Hours of Operation

Monday - Friday

9:00 a.m. - 9:00 p.m. ET

Saturday

10:00 a.m. - 2:00 p.m. ET

Phone: 515-276-8645

Toll Free: 1-800-777-8645

Pay Your Bill Online: <http://www.hunterdonhealthcare.org>

Online Bill Pay # 650-00000000T1

Thank you for choosing Hunterdon Medical Center for your healthcare needs.

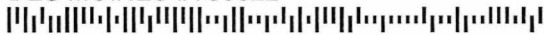
Avadyne Health is an extension of the business office for Hunterdon Medical Center. **Avadyne Health is not a collection agency and your account is not in default.**

Payment in full is expected upon receipt unless other acceptable arrangements are made.

- Please note: This balance may not reflect the entire balance due from all accounts with Hunterdon Medical Center. Any payments received will be posted to the oldest date of service.

*For Return Mail Purpose Only.
Please do not remit to this address.*

TESTRF TESTRL
10604 JUSTIN DR
DES MOINES IA 50322



Account Description	
Statement Date:	05/20/14
Account No.:	T1
PC Number:	11543814
Patient Name:	TESTPL, TESTPF
Guarantor Name:	TESTRL, TESTRF
Service Date:	01/01/14
Location:	HUNTERDON MEDICAL CENTER
Type of Service:	Inpatient
Primary Insurance:	ABC
Secondary Insurance:	DEF

Summary Of Charges	
INPATIENT	9000.00
IMAGING	2000.00
SUPPLIES	1000.00
LABS	1000.00
PHARMACY	1000.00
MISC	1000.00
Total Charges:	15,000.00
Insurance Payments/Adjustments:	-14,980.00
Patient Payments:	-10.00
Other Adjustments:	0.00
Please Pay by 06/09/2014	10.00

Financial Assistance

Financial assistance is available to those who qualify. If you believe you may qualify for financial assistance, please contact a customer service representative.

La ayuda financiera esta disponible para aquellos que califiquen. Si usted cree que puede calificar para asistencia financiera, por favor pongase en contacto con un representante de servicio al cliente.

* An itemization of charges is available upon your request.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARD NUMBER	AMOUNT		
SIGNATURE	EXP. DATE		
PRINT NAME			

Patient Name: TESTPL, TESTPF

Account No: 650-00000000T1

Due Date: 06/09/2014

Amount Due: \$10.00

Amount Enclosed: _____

Check here if your address or insurance information has been changed. Please indicate changes on the back of this page.

1TESTRL

TESTRF

T1

0000010000006509

Hunterdon Healthcare
Payment Processing Center - Avadyne
PO Box 219714
Kansas City, MO 64121-9714

