BON SECOURS
RICHMOND HEALTH SYSTEM
P.O. Box 11302 * Richmond, VA 23230

*****auto**5-digit 23701
JOHN DOE
1500 N 28TH ST
RICHMOND, VA 23223-5332

RCH
1 (3)

July 1, 2007

THIS IS A BILL

Patient:	Jane Doe
Account #:	123456789012345
Community Svc. Adjustment:	-1461.80
Balance:	121.55
Service Date:	01/31/2005

Dear John Doe:

Thank you for choosing Bon Secours Health System. We value our community's use of MEMORIAL REGINAL MEDICAL facilities.

There is a balance due on this account, as indicated above. Your payment is important to the efficiency of the hospital and our attempts to hold down costs. Payment may be made either by phone or mail by using your credit card or checking account. If that is not convenient budget wise for you, kindly call our Customer Service Center. They will explain our extended payment options including our financial assistance program to you.

Please note that Bon Secours Health System has applied a Community Service Adjustment to reduce your account balance, which reflects an offset to the cost of healthcare to our uninsured patients and families.

If you have any questions regarding the balance of this account or if you have additional insurance information, please call the number shown below.

You may deduct 10% of the patient portion of this bill if you pay within 30 days of the bill date. Please note that you are responsible for deducting the prompt pay discount at the time of payment. If you are unsure of the discount amount, please call our Customer Service Center line. If you do not deduct the 10% prompt pay discount at the time of payment, no credit or deduction will be made.

PLEASE RETURN LOWER PORTION WITH YOUR PAYMENT

CHECK (__) VISA (__) MC (__) DISC (__) AMEX (__)

CARD #: _____

CID #: _____ EXPIRATION DATE: _____

CID is the three digit number on the credit card back, usually in the signature block.

SIGNATURE: _____

PAYMENT AMOUNT: _____

BILLING ADDRESS: _____

CITY, STATE, ZIP CODE: _____

(**Address information needs to be for the primary credit card holder and should be the same address information where the credit card bills are sent.**)

Date:	July 1, 2007
Patient:	Jane Doe
Account #:	123456789012345-O
Balance:	121.55
Service Date:	01/31/2005

Pay on-line: http://bonsecours.com/patients/onlinebillpay.asp

Richmond Health System
MEMORIAL REGIONAL MEDICAL
P.O. Box 409601
Atlanta, GA 30384-9601

Customer Service Center
Local: 804-342-1500
Toll Free: 1-877-342-1500
8:30 AM to 1:00 PM
2:00 PM to 5:00 PM
Monday through Friday

Calls / inquiries may be monitored for quality control

LT01Z