



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

RCH
2 (23)

****auto**mixed aadc 605
JOHN DOE
1500 N 28TH ST
RICHMOND, VA 23223-5332



July 1, 2007

THIS IS A BILL

Patient: Jane Doe
Account #: 123456789012345
Balance: 1009.21
Service Date: 07/12/2003

Dear John Doe:

The insurance carrier was billed over sixty (60) days ago, and although required under Virginia statute to pay within 40 days, has not paid. Unfortunately, we are now required to look to you for payment in full.

You have the right to contact the Insurance Commissioner's Office of Consumer Affairs (804-371-9691) if you believe the insurance carrier is not responding appropriately.

Payment may be made either by phone or mail by using your credit card or checking account. If paying your balance in full is not possible, please call our Customer Service Center they will explain our extended payment options including our financial assistance program to you.

We look forward to your response to this letter within the next 15 days.

Payments or adjustments made in the last five (5) days are not reflected in this notice. Please disregard this notice if payment has been made by you or if payment from the insurance carrier has been verified.

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: _____

Date: July 1, 2007
Patient: Jane Doe
Account #: 123456789012345-O
Balance: 1009.21
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(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.)

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