



Edmonds

PATIENT ONE
21601 76TH AVE W
EDMONDS WA 98026-7507

Account Summary

Patient Name: One ,Patient
Statement Date: 10/12/11
Service Date(s): 07/10/11-07/10/11
Account Number: 1234567890
Medical Record Number:

Insurance Information

Ins. 1: W60 GREAT WEST CI
Ins. 2: 212 CHARITY PLAN
Ins. 3:
Ins. 4:

Important Message

Thank you for choosing Swedish/Edmonds for your healthcare needs. This statement represents the balance that is due after your insurance has paid. Please remit your payment in full or contact Customer Service for any assistance we can provide. If you have a question about how your insurance benefits or co-insurance amounts were determined, please contact your insurance company directly.

A Charity Program is available to low-income patients. For more information please contact Customer Service at (425) 640-4230

Please disregard this statement if payment in full has been sent.
Please see the back of your statement for a summary of services.

Charge Summary

Total Charges: \$1,313.65
Payments/Adjustments: \$551.73-
Account Balance: \$761.92
Please Pay This Amt: \$761.92

Contact Us

For questions, call Customer Service at: (425) 640-4230 Option 1 then option 6 to speak to a representative.

Phone Hours: 9:00am - 4:30pm Monday - Friday.

We accept payments over the phone and online at www.swedish.org/Patient-Visitor-Info/Billing

Please Note: Your physician will bill separately for professional services.

Make Checks Payable To: Swedish/Edmonds



Acct Type: 1
 Check box if your address or insurance information has changed. Please make changes on back.

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Account Number: 1234567890	Please Pay This Amount: \$761.92	
Patient Name: One ,Patient	Due By: 11/01/11	
<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover
Card Number:	CVV2 No.:	Exp. Date:
Signature:	Amount Paid:	

*The CVV2 No. is required to process your payment. It is the last 3 digits on the back of your credit card, by your signature. For Amex card holders, it is the 4-digit number on the front of your card, above the card number.

SWEDISH EDMONDS
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