STATEMENT

Thank you for choosing our facility for your medical needs. Your insurance company has responded to our claim for this account. The remaining balance is the amount that is due from you. Our system shows no other medical insurance is outstanding for payment. You may be eligible for a prompt-pay discount if your payment is received within 30 days from the original invoice statement date. Please call to make your payment and determine if you are eligible for this discount. Swedish offers financial assistance to those who qualify and an application will be sent to you upon request.

PATIENT NAME	GUARANTOR NAME	GUARANTOR #
ROUNDTHREE,ADTEIG*	ROUNDTHREE,ADTEIG*	1234567

DATE	ACCOUNT #	DESCRIPTION	CHARGES	PAYMENTS/ ADJUSTMENTS	TOTAL
10/10/10	1234567	*Not On Payment Plan			
		Misc.	221.00		
		Charges to date:	221.00		
		Pmts (self-pay):		-25.00	
		Account Balance:			196.00

Patient Class:	Outpatient	Remaining Payment Plan Balance:	$0.00
Primary Service:	Heart & Vascular	Payment Plan Amount Due:	$0.00
Total Patient Amount Due:	$196.00	Payment Plan Amount Overdue:	$0.00
		Balance Not On Payment Plan:	$196.00

SWEDISH

MAILSTOP: 37268915
PO BOX 660249
DALLAS, TX 75266-0249

TO CONTACT US YOU MAY GO TO OUR WEBSITE AT
http://swedish.org/Patient-Visitor-Info/Billing
OR CALL US AT
877.406.0438 or 206.320.5300

2359-SWDHSPEPIC-744735-833382643-; 3955149-1-7; 704baf09-0b30-4385-8043-1e3adf3c60a7; 1

TO INSURE PROPER CREDIT, DETACH AND RETURN BOTTOM PORTION IN THE ENCLOSED ENVELOPE.

520355

SWEDISH

MAILSTOP: 37268915
PO BOX 66064
SEATTLE, WA 98124-1191

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.

CHECK CARD USING FOR PAYMENT

☐ MASTERCARD ☐ DISCOVER ☐ VISA ☐ AMERICAN EXPRESS

CARD NUMBER	SIGNATURE CODE
SIGNATURE	EXP. DATE

STATEMENT DATE	BALANCE DUE	ACCT. #
10/10/2010	$196.00	1234567

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

1 01

0101

ROUNDTHREE,ADTEIGHTAFMR
1 2ND AVE
SEATTLE, WA 98116

SWEDISH MEDICAL CENTER
MAILSTOP: 37268915
PO BOX 660249
DALLAS, TX 75266-0249

37268915800000000000000000012345671010201000000196009