



KootenaiHealth



This is Your Hospital Statement

PATIENT NAME Valued Client	ACCOUNT NUMBER KMXXXXXXXXXX	DATE OF SERVICE 01/17/15 - 01/17/15	LOCATION Kootenai Cancer Center - CDA
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208-625-6199 or 1-888-974-1235
 www.kootenaihealth.org

DATE	DESCRIPTION	AMOUNT
1/17/15-1/17/15	INFUSIONS AND INJECTIONS LABORATORY ER PHYSICIAN SERVICES EMERGENCY ROOM SERVICES CARDIOLOGY RADIOLOGY SUPPLIES PHARMACY PROFESSIONAL SERVICES OBSERVATION SERVICES NUCLEAR MEDICINE RESPIRATORY SERVICE	633.00 1621.00 333.00 2126.00 2522.00 245.00 134.00 670.79 39.00 1200.00 3162.00 144.00
	TOTAL CHARGES	\$12,829.79
	INSURANCE PAYMENTS	-\$267.50
	INSURANCE/SELF PAY ADJUSTMENTS	\$0.00
	PATIENT PAYMENTS	\$0.00
	AMOUNT DUE	\$12,562.29

Thank you for choosing Kootenai Health for your recent medical services. We have submitted the claim(s) to the insurance(s) you have provided and the balance above is your responsibility and due in full. This statement may not reflect your total financial obligation to Kootenai Health at this time.

Payment is now due. Please see reverse side for payment options and available support services.

KootenaiHealth
 2003 KOOTENAI HEALTH WAY
 COEUR D'ALENE, ID 83814-6051



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

IF PAYING BY MASTERCARD, DISCOVER, OR VISA, PLEASE FILL OUT BELOW

<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER		EXP. DATE	
PRINTED NAME		CVV2 CODE	
SIGNATURE			
STATEMENT DATE 03-05-15	PAY THIS AMOUNT \$12,562.29	DUE DATE Upon Receipt	
ACCOUNT # KMXXXXXXXXXX	SHOW AMOUNT PAID HERE \$		

Remit payment to:

KOOTENAI HEALTH
 PO BOX 34963
 SEATTLE, WA 98124-1963

VALUED CLIENT
 1234 MAIN STREET
 ANYWHERE, US 12345