CUMBERLAND MEDICAL CENTER
421 S. MAIN STREET
CROSSVILLE, TN 38555

For billing inquiries please call:
(931) 459-7281.

PATIENT NAME: JANE Q. PATIENT

1 01

JANE Q. PATIENT
1234 MAIN ST
CROSSVILLE, TN 38555-4783

IF PAYING BY CREDIT CARD, FILL OUT BELOW

MASTERCARD VISA

CREDIT CARD NUMBER | AMOUNT

SIGNATURE | EXP. DATE

Account Number to use for Online Enrollment and Payments.

ACCOUNT NO.	STATEMENT DATE	DUE DATE
V00000000009	04/25/08	5/10/2008

PAY THIS AMOUNT	AMOUNT ENCLOSED
150.00	

MAKE CHECKS PAYABLE TO:

CUMBERLAND MEDICAL CENTER
421 S. MAIN STREET
CROSSVILLE TN 38555

☐ Please check if above address is incorrect and indicate change on reverse side.

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

DATE(S) OF SERVICE		STATEMENT DATE
03/24/08	03/24/08	04/25/08

DATE	ACCOUNT ACTIVITY SINCE LAST STATEMENT	TOTAL
CHARGES		
	PHARMACY GENERAL	50.00
	LABORATORY GENERAL	00
	RADIOLOGY DIAG GENER	00
	EMERGENCY ROOM GEN	00
	PULMONARY FUNCTION GENERAL	79.00
	EKG/ECG GENERAL	169.00
PAYMENTS AND ADJUSTMENTS		
04/16/08	BLUE CROSS ADJUSTMENT	-543.00
04/16/08	BLUE CROSS PAYMENT	-550.00

Summary of Charges, Payments, and Adjustments.

ACCOUNT SUMMARY

Charges to date:	1,243.00
Receipts to date:	550.00
Adjustments to date:	543.00
Estimated insurance due:	0.00
Total Due:	150.00

INSURANCE COVERAGE
BLUE CROSS

Insurance on file as of this Statement Date.

MESSAGES

Thank you for choosing Cumberland Medical Center for your healthcare needs. We have recently upgraded our patient billing forms in order to better serve our customers. We hope you find this new form easy to read and understand.

Please pay this balance in full or contact our Patient Accounts Department at 931-459-7281 regarding payment arrangements.

PATIENT NAME	JANE Q. PATIENT
ACCOUNT NO.	V00000000009
PLEASE PAY THIS AMOUNT, THANK YOU	150.00
DUE DATE	5/10/2008

Amount Due as of this Statement Date.

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