

Guarantor Name	Guarantor Number	Statement Date	PAYMENT DUE \$10.00
Paul Patient	123456	09/30/2016	

Dear PAUL PATIENT,

Thank you for choosing Central Vermont Medical Center. Please review the enclosed billing statement. Listed below are the payment options that are offered for account balances.

PAY IN FULL

For your convenience we have the following options available:

- Pay by phone dial **(844) 321-4001**
- Mail in the payment using the coupon below
- Pay online at www.cvmc.org (Available 24/7)

PAYMENT PLAN

If you are unable to pay your bill in full or would like to add another account to your current payment plan, please call the Patient Access Department at **(844) 321-4001**

FINANCIAL ASSISTANCE

Vermont Health Connect and Vermont Medicaid applications are available. CVMC also offers a Healthcare Assurance Program. Our Patient Access Financial Counseling Team can provide information and assistance with the application process. To learn more about these programs, please contact us at **(844) 321-4001**

Central Vermont Medical Center and Medical Group Practices Work together to improve the health of the communities we serve. For your convenience, we are now consolidating hospital and physician charges on one statement.

Please see second page for a detailed summary of your bill

104568

Detach section below and return with your payment.

THE
University of Vermont
 HEALTH NETWORK
 Central Vermont Medical Center
 PO BOX 60
 ROCHESTER, NH 03866-0060

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

VISA MASTERCARD DISCOVER AMER. EXP.

CARD NUMBER	EXP. DATE	AMOUNT
SIGNATURE		MUST INCLUDE 3 DIGIT SECURITY CODE FROM BACK OF CARD

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
09/30/2016	\$10.00	123456
PAYMENT DUE DATE	SHOW AMOUNT PAID HERE	
Upon Receipt		



PAUL PATIENT
 123 MAIN STREET
 ANYTOWN, USA 00000-0000



PFS CUSTOMER SERVICE
 PO BOX 60
 ROCHESTER, NH 03866-0060

Guarantor Name	Guarantor Number	Statement Date	PAYMENT DUE \$10.00
Paul Patient	123456	09/30/2016	

Balance Forward \$0.00

New Charges \$167.48

Amount Paid By You \$0.00

Current Account Balance \$10.00

Patient:
 Paul Patient

Service Date	Activity Date	Charges	SUMMARY	Payments/ Adjustments	PATIENT BALANCE
H000456789					
09/20/2016	09/30/2016	\$194.00	EST PT 40-64 YRS PHYS		\$194.00
				SUBTOTAL	\$194.00
09/20/2016	09/30/2016		INSURANCE PAYMENT	-\$39.09	-\$39.09
				SUBTOTAL	\$154.91
09/20/2016	09/30/2016		INSURANCE ADJUSTMENT	-\$144.91	-\$144.91
				SUBTOTAL	\$10.00
TOTAL PAYMENT DUE:					\$10.00

Central Vermont Medical Center

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
09/30/2016	\$167.48	123456
PAYMENT DUE DATE	SHOW AMOUNT PAID HERE	
10/30/2016		



PAUL PATIENT
123 ANY STREET
ANYTOWN, USA 00000-0000



PFS CUSTOMER SERVICE
PO BOX 60
ROCHESTER, NH 03866-0060

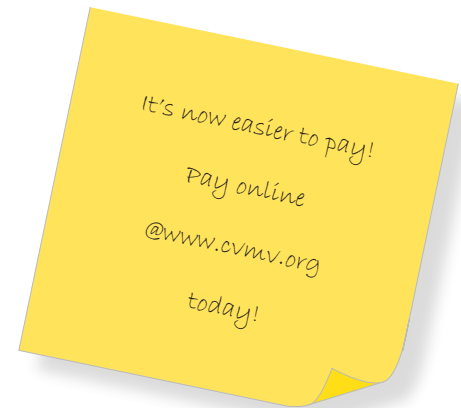
FINAL NOTICE

According to our records, your bill with us is over 90 days past due. As a last effort, we are sending you this final statement.

This may be an oversight on your part. However, if payment is not made on account(s) **H000456789** within **30 DAYS** your account(s) may be turned over to a collection agency.




MAKE CHECKS PAYABLE TO:

PFS CUSTOMER SERVICE
PO BOX 60
ROCHESTER, NH 03866-0060



If payment has been made, please disregard this notice with our thanks.

PAYMENT OPTIONS

-  Pay online at www.cvmc.org (Available 24/7)
-  Pay-by-phone: (844)-321-4001
-  Mail in a check with the section above