



**ALICE PECK DAY  
MEMORIAL HOSPITAL**

P.O. Box 473, Amherst, NH 03031

Patient account number

Date of service

Acct. Number: V012345678  
 Service Date: 06/11/2015-06/11/2015  
 Patient Name: SAMPLE, PATIENT  
 Balance Due: \$ 236.79  
 Discounted Balance Due: \$ 213.11 if paid by 08/01/2015

\$

Amount due by patient

Amount Enclosed (To pay by Credit Card see back side)

#[APDBA1]#

SAMPLE, PATIENT  
 123 PATIENT PLACE  
 AMHERST, NH 03031

Name and address of guarantor. (This may be someone other than patient.)

**Remit To:**

Alice Peck Day Memorial Hospital  
 10 Alice Peck Day Drive  
 Lebanon, NH 03766

Where to send payment

▲PLEASE ENCLOSE THIS PORTION WITH YOUR PAYMENT▲  
 ▲PLEASE SEE BACK SIDE TO FURNISH ADDITIONAL INSURANCE INFORMATION OR TO PAY BY CREDIT CARD▲

Thank you for choosing Alice Peck Day Memorial Hospital. Your satisfaction is our primary goal. We have billed your insurance company; however there is a remaining amount owed as shown below. If you have not received an explanation of the balance from your insurance company, please call them. *The balance is your responsibility; please remit payment in full today or contact us immediately to establish a payment arrangement. For your convenience you can also pay your bill, establish a payment arrangement or update insurance and demographic information online by visiting our web site at [www.alicepeckday.org](http://www.alicepeckday.org)*

**Bill for Medical Services for your Visit on 06/11/2015 through 06/11/2015**

Charge Information

EMERGENCY ROOM SERVICES	318.96
LABORATORY SERVICES	27.32
PHYSICIAN/PROVIDER FEES	234.45
RADIOLOGY SERVICES	259.20

Total charges 839.93

Total charges during patient visit

Insurance Information

Primary: MEDICARE A AND B  
 Secondary:  
 Tertiary:

Payments and Adjustments Received

MEDICARE PAYMENTS -603.14

Insurance payment and adjustment

**Please Pay This Amount \$ 236.79**

Amount due by patient

Alice Peck Day Financial Assistance Program

If you qualify, all or part of the cost of your care may be covered by the Financial Assistance Program. For more information, please see the reverse side of this form or call a Financial Counselor

For billing and insurance questions please call:

603-443-9540 Monday through Friday 8:00am to 4:30pm

To discuss Charity Care please call:

603-443-9579 Monday through Friday 9:00am to 4:00pm

Pay Here



Please remit payment in full. You may charge the balance to your Visa, MasterCard, Discover or American Express by entering your credit card information on the back of the attached payment slip and returning it to us, by calling Patient Accounts at (603) 443-9540 or by visiting our website at [www.alicepeckday.org](http://www.alicepeckday.org)

Account Information

Statement Date: 07/01/2015  
 Acct. Number: V012345678  
 Service Date: 06/11/2015 – 06/11/2015  
 Patient Name: SAMPLE, PATIENT  
 Balance Due: \$ 236.79  
 Discounted Balance Due: \$ 213.11 if paid by 08/01/2015

An Itemized Bill is available free of charge upon request