

Account Summary

Guarantor Name: [REDACTED]
Guarantor Account ID: [REDACTED]
Statement Date: 03/01/17
Medical Record Number: [REDACTED]
Bill Number: [REDACTED]

Insurance Information

BlueCross BlueShield

If you would like assistance with your medical bills,
Please contact Financial Assistance Help Line:
(607) 763-6127.

Financial Summary

Total Charges: \$182.00
Total Ins Pay/Adj: \$20.32-
Total Guar Pay/Adj: \$60.00-
Please Pay This Amount: \$101.68

Contact Us

Any questions? Please contact us by calling
(607) 770-0025 for Customer Service, Credit
Card Payments, and Itemized Bill Requests.

We are here to assist you

Monday - Friday 8:00 am to 5:30 pm.

For your added convenience you may pay your bill
online by visiting us at www.uhs.net/onlinebillpay.

Detach here and return with payment.



PO Box 5214
Binghamton NY 13902-5214

Please detach and return with your payment

For Internal Use Only MRN: [REDACTED] Statement Date 03/01/17	Bill Number: [REDACTED]	Please Pay This Amount: \$101.68		
	Patient Name: [REDACTED]			
	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
	Card Number: [REDACTED]	Sec Code *	Exp. Date:	
Signature: [REDACTED]			Amount Paid:	

Please check this box if your address or insurance information has changed and record the changes on the back of this statement

* The Security Code is the last 3 digits on the back of your credit card, by your signature

Make Check Payable To: UHS