



**BON SECOURS**  
**Hampton Roads Health System**  
 150 Kingsley Lane \* Norfolk, VA 23505

\*\*\*\*\*auto\*\*mixed aadc 605 MVM  
 JOHN DOE 22 (2)  
 150 N LESLIE ST  
 PAHRUMP, NV 89060-3848  


February 12, 2008

**THIS IS A BILL**

Patient: Jane Doe  
 Account #: 0123456789  
 Community Svc. Adjustment: -2733.79  
 Balance: 7961.95  
 Service Date: 10/07/2007

Dear John Doe:

Thank you for choosing Bon Secours Health System. We value our community's use of Maryview Medical Center facilities.

There is a balance due on this account, as indicated above. Your payment is important to the efficiency of the hospital and our attempts to hold down costs. Payment may be made either by phone or mail by using your credit card or checking account. If that is not convenient budget wise for you, kindly call our Customer Service Center. They will explain our extended payment options including our financial assistance program to you.

Please note that Bon Secours Health System has applied a Community Service Adjustment to reduce your account balance, which reflects an offset to the cost of healthcare to our uninsured patients and families.

If you have any questions regarding the balance of this account or if you have additional insurance information, please call the number shown below.

**You may deduct 10% of the patient portion of this bill if you pay within 30 days of the bill date. Please note that you are responsible deducting the prompt pay discount at the time of payment. If you are unsure of the discount amount, please call our Customer Service line. If you do not deduct the 10% prompt pay discount at the time of payment, no credit or deduction will be made.**

**PLEASE RETURN LOWER PORTION WITH YOUR PAYMENT**

CHECK  VISA  MC  DISC   
 CARD #: \_\_\_\_\_  
 CID #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_  
CID is the three digit number on the credit card back, usually in the signature block.  
 PAYMENT AMOUNT: \_\_\_\_\_  
 NAME (print): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
 BILLING ADDRESS: \_\_\_\_\_  
 CITY, STATE, ZIP CODE: \_\_\_\_\_

Date: February 12, 2008  
 Patient: Jane Doe  
 Account #: 0123456789-O  
 Balance: 7961.95  
 Service Date: 10/07/2007

**( Address information needs to be for the primary credit card holder and should be the same address information where the credit card bills are sent.)**

**Pay on-line:** <https://new.patient-pay.com/pp/onlinepayment.aspx?loc=maryviewmedicalcenter> Customer Service Center

**Hampton Roads Health System**  
**Maryview Medical Center**  
**P.O. Box 277199**  
**Atlanta, GA 30384-7199**

Local: 757-889-5810  
 Toll Free: 1-877-342-1500  
 8:30 AM to 1:00 PM  
 2:00 PM to 5:00 PM  
 Monday through Friday  
 LT01Z

Calls / inquiries may be monitored for quality control