

ESKENAZI HEALTH
 PO BOX 630591
 Cincinnati, OH 45263-0591
 Tax ID: 356005697

For all billing questions, call: 317-849-6628
 Pay Online at <https://53.billedirectexpress.com/ebpp/IEMS/>

Patient Name
 123 Patient Street
 Indianapolis, IN 46202

Enter Credit Card Details

Type (Circle One) Visa MasterCard Amex Discover
 Number _____
 Expiration _____
 CVV _____ x _____ Signature _____

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NUMBER
09/21/2018	\$2,225.92	M999999

CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT.

SHOW AMOUNT PAID HERE \$

MAKE CHECKS PAYABLE / REMIT TO:

ESKENAZI HEALTH
 PO BOX 637764
 Cincinnati, OH 45263-7764

Please check box if above address is incorrect or insurance information has changed and indicate change(s) on reverse side.

STATEMENT

PTID: 999999

Date	Description	Charges	Quantity	Deductible	CoPay	Payments/Adj.
Run Number: M999999 Date of Service: 09/01/2018 Time of Call: 07:00 PM						
09/01/2018	ALS I TRANSPORT	\$2,286.59	1.00			
09/01/2018	MILEAGE - ALS	\$39.33	1.00			
	Total:	\$2,325.92				
Amount Due:						\$2,325.92
PICKUP: AtScene 123 Patient Street Indianapolis, IN 46202		DESTINATION: ABC HOSPITAL 123 Hospital Drive Indianapolis, IN 46202				

If you would like to setup payment arrangements, please call 317-849-6628
 Or email us at: billing@getmedbill.com
 Por cual quier pregunta porfavor llame Valeria 317-775-6757
 Pay Online at: <https://53.billedirectexpress.com/ebpp/IEMS/>

STATEMENT