



LINDA TEST  
33 READ  
HOUSTON TX 77027

← When you enroll to pay your bill online, be sure to enter your name and address exactly as shown in your statement.

### Important Message

Our records indicate that you have no insurance coverage for the date of service listed. Your charges are listed by department and the amount you owe is in the **Account Balance** field. If we do not have your correct insurance information or you have questions, please contact our office.  
\* You may pay with cash, check, or any major credit card.  
\* If you are unable to pay your balance in full, you may elect an interest free payment plan.  
\* As part of our mission, BSA has a **financial assistance plan** available to those who qualify due to low income or extremely high medical expenses. If you need help with your bill, please call us and an application will be provided.

### Account Summary

Patient Name: Test ,Linda  
Statement Date: 09/07/08  
Service Date(s): 02/27/07-02/27/07  
Account Number: 1056126

### Charge Summary

Previous Balance: \$3,051.25  
Total New Charges: \$ .00  
Payments/Adjustments: \$ .00  
Account Balance: \$3,051.25  
Please Pay This Amt: \$3,051.25

### Insurance Information

Ins. 1:  
Ins. 2:  
Ins. 3:  
Ins. 4:

### Contact Us

1) Call our Customer Service Line at: 806-212-6006 or 1-800-535-3506  
2) Return the coupon with your insurance and contact changes

COMING SOON:  
Online Access to view and pay your BSA bill(s).

Please Note: Your physician will bill separately for professional services.

Make Checks Payable To: Baptist St. Anthony's Hospital



Check box if your address or insurance information has changed. Please make changes on back.

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Account Number: 1056126	Please Pay This Amount: <b>\$3,051.25</b>	
Patient Name: Test ,Linda	Due By: 09/24/08	
<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> DISCOVER
<input type="checkbox"/> AMERICAN EXPRESS	Card Number:	CVV2 No.* Exp. Date:
Signature:		Amount Paid:

\* The CVV2 Number is the last 3 digits on the back of your credit card, by your signature

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BAPTIST ST ANTHONY'S HOSPITAL  
P O BOX 950  
AMARILLO, TX.  
79105