

PO Box 8770
Coral Springs, FL 33075

**24/7
ACCESS**



PAY ONLINE
www.mymedpayment.com/crh



BY PHONE
at 800-888-8888



OR BY MAIL
Use payment coupon below

SUMMARY OF ACCOUNTS

Service Date	Account Number	Balance
01/01/15	CAL11	\$10.00

Total Balance Due: \$10.00

ACCOUNT SUMMARY

PATIENT NAME: Patient Name
STATEMENT ID: 99999999
ACCOUNT NUMBER: CAL11
BALANCE DUE: \$10.00

ACCOUNT STATUS Statement Date - MAY 04 2017

Your account has a balance of \$10.00. If you are unable to pay this amount in full, or have any questions, please contact Patient Financial Services.

If you have insurance coverage, please contact us immediately so that we can bill your carrier for you.

Current Payment Arrangements

DUE UPON RECEIPT

IMPORTANT INFORMATION

Federal guidelines prohibit us from disclosing any account information if you are not the patient or authorized representative. In order to discuss such information, the patient or authorized representative must provide consent.

CONTACT INFORMATION

Patient Financial Services: **(Toll Free) 1- 800-888-8888**
Hours: Mon. - Thurs. 8:00am - 9:00pm,
Fri. 8:00am- 5:00 pm EST

To check your balance, make a payment, or request an itemized statement, 24 hour access is available through our automated system **(Toll Free) 1-800-888-8888**
OR www.mymedpayment.com/crh

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT IN THE ENVELOPE PROVIDED

RETURN MAIL ONLY
c/o Chesapeake Regional Health
PO Box 8770
Coral Springs, FL 33075

PATIENT NAME: Patient Name
STATEMENT ID: 99999999
ACCOUNT NUMBER: CAL11
BALANCE DUE: \$10.00
ENCLOSED: \$ _____

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Responsible Party Name
Responsible Party Street Address
Responsible Party City, State, Zip



Chesapeake Regional Medical Center
PO Box 791471
Baltimore, MD 21279-1471