# Citizens MEDICAL CENTER

2701 Hospital Drive | Victoria, TX 77901-5748

## Amount Due
## $5,675.95

## Your Current Account Activity

| | |
|---|---|
| Patient Name | EMILIO H ORTIZ |
| Account Number | V00502560623 |
| Service Date | 05/22/24 - 05/22/24 |
| Statement Date | 08/05/2024 |
| Due Date | 08/26/2024 |
| Total Charges | $11,351.90 |
| Total Payments | $0.00 |
| Total Adjustments | $5,675.95 |
| **Amount Due** | **$5,675.95** |

## ⚠ ACCOUNT PAST DUE

Our records indicate that we have not received a payment from you and now your account is past due.

Please make a payment on our secure payment portal at **personapay.com/citizensmedicalcenter**.

### 24/7 Payment Line

Easy, automated phone payments at your convenience. Call us at **(361) 574-1726** to make your payment.

## Your Next Steps

**24/7 Payment Line**
Easy, automated phone payments at your convenience. Call (361) 574-1726

**Payment Plan**
To see if you qualify for a payment plan visit personapay.com/citizensmedicalcenter

**Financial Assistance**
You may be eligible for financial assistance if you meet certain guidelines. Call (361) 574-1726 or visit personapay.com/citizensmedicalcenter

| | |
|---|---|
| Account Number: | V00502560623 |
| Due Date: | 08/26/2024 |
| Amount Due: | $5,675.95 |

# Citizens MEDICAL CENTER

2701 Hospital Drive | Victoria, TX 77901-5748

## Hospital Statement

ⓘ For help with billing questions, please call: (361) 574-1726

ADDRESSEE:

EMILIO H ORTIZ
554 DAVIS LN
VICTORIA TX 77905-5705

MAKE CHECKS PAYABLE AND REMIT TO:

**CITIZENS MEDICAL CENTER**
2701 HOSPITAL DRIVE
VICTORIA TX 77901-5748

☐ Check if address/insurance changes are on back

# Citizens MEDICAL CENTER

Pay Online: www.citizensmedicalcenter.org

| Date | Service Description | Charges | Payments/ Adjustments | Patient Balance |
|---|---|---|---|---|
| 7/5/24 | Balance Forward | $5,675.95 | | |
| | **Billed charges to date:** | **$11,351.90** | | |
| | **Receipts to date:** | | **$0.00** | |
| | **Adjustments to date:** | | **$5,675.95** | |
| | **Refunds to date:** | | **$0.00** | |
| | **Total due:** | | | **$5,675.95** |
| | **You may have itemized documents ready to view. Please visit personapay.com/citizensmedicalcenter to access your online documents.** | | | |

## Change of Address

Name (Last, First, Middle Initial)

Address

City                    State          ZIP

Telephone

Change of Address

## If Paying By Credit Card, Fill Out Below

CHECK CARD USING FOR PAYMENT    ☐ VISA  ☐ mastercard  ☐ DISCOVER  ☐ AMERICAN EXPRESS

CARD NUMBER                                          EXP. DATE
                                                    M M Y Y

SIGNATURE                                           AMOUNT PAID

PRINT NAME

IF Paying By Credit Card, Fill Out Below

## Primary Insurance Updates

Primary Insured Name

Primary Insurance Name                    Effective Date

Primary Insurance Street Address

City              State        ZIP          Telephone

Employer Name                    Group Number

Subscriber ID #                  Policyholder's Date of Birth

## Secondary Insurance Updates

Secondary Insured Name

Secondary Insurance Name                    Effective Date

Secondary Insurance Street Address

City              State        ZIP          Telephone

Employer Name                    Group Number

Subscriber ID #                  Policyholder's Date of Birth