

**UVM Medical Center**

PO BOX 9983  
Houston, TX 61641  
RETURN SERVICE REQUESTED

**PATIENT NAME:** Bailey Brown  
**DATE OF BIRTH:** 1931-11-12  
**GENDER:** Male  
**ADDRESS:** 6696 Melissa Locks, West Lucasburgh, OR 63465  
**ACCOUNT #:** 85608618  
**INSURANCE INFORMATION ON FILE:** Aetna

**BILLING QUESTIONS:**TEL: 326-241-9384 | TOLL-FREE: 386-456-5844

**STATEMENT DATE:** 02/05/2021  
**DUE DATE:** 02/21/2021

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ADMIT DATE OF SERVICE | VISIT NUMBER / PROCEDURE CODE | TYPE OF SERVICE | BILLED CHARGES | PAID BY PLAN / ADJUSTMENT | PATIENT PAYMENT DUE |
| 01/02/2024 | 88716451 952 | Colonoscopy | $120.04 | -$42.68 | $77.36 |
| 10/08/2023 | 54069404 137 | Pulmonology Exam | $259.44 | -$75.88 | $183.56 |
| 09/02/2020 | 6248175 129 | Dialysis | $284.87 | -$29.81 | $255.06 |
| 04/01/2021 | 87651993 754 | Emergency Room Visit | $151.1 | -$52.87 | $98.23 |
| 07/02/2024 | 44066476 268 | Blood Work | $149.61 | -$87.03 | $62.58 |

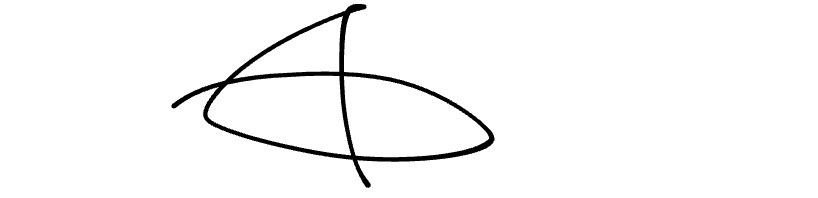
**ACCOUNT TOTAL DUE FROM YOU: $676.79**

**IMPORTANT MESSAGE:**Thank you for selecting UVM Medical Center as your healthcare provider. Please pay the amount due by the due date shown on your statement.

**MAKE CHECKS PAYABLE TO:**

UVM Medical Center  
Financial Services  
PO BOX 9983  
Houston, TX 61641

**Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_



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