

**St. Mary's Health Hospital**

PO BOX 2417  
Seattle, WA 72189  
RETURN SERVICE REQUESTED

**PATIENT NAME:** Daniel Mendoza  
**DATE OF BIRTH:** 1945-02-27  
**GENDER:** Non-binary  
**ADDRESS:** Unit 3267 Box 8473, DPO AE 74906  
**ACCOUNT #:** 13102754  
**INSURANCE INFORMATION ON FILE:** Elevance Health

**BILLING QUESTIONS:**TEL: 601-470-2508 | TOLL-FREE: 646-621-5323

**STATEMENT DATE:** 08/29/2024  
**DUE DATE:** 08/09/2025

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ADMIT DATE OF SERVICE | VISIT NUMBER / PROCEDURE CODE | TYPE OF SERVICE | BILLED CHARGES | PAID BY PLAN / ADJUSTMENT | PATIENT PAYMENT DUE |
| 10/13/2024 | 71733402 381 | MRI Scan | $239.0 | -$203.47 | $35.53 |
| 04/03/2020 | 12219473 341 | Blood Work | $264.48 | -$99.69 | $164.79 |
| 04/27/2022 | 38824847 966 | Lab Tests | $182.41 | -$170.58 | $11.83 |

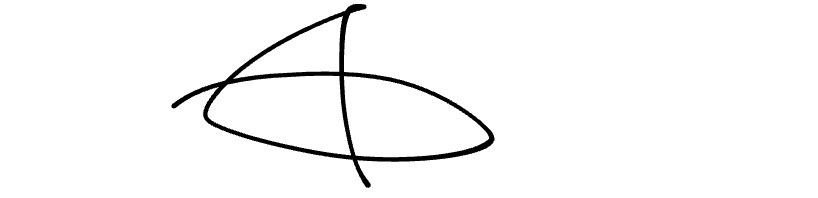
**ACCOUNT TOTAL DUE FROM YOU: $212.15**

**IMPORTANT MESSAGE:**Thank you for selecting St. Mary's Health Hospital as your healthcare provider. Please pay the amount due by the due date shown on your statement.

**MAKE CHECKS PAYABLE TO:**

St. Mary's Health Hospital  
Healthcare Payments  
PO BOX 2417  
Seattle, WA 72189

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



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