



Flambeau Hospital, Inc.

PO Box 310
Park Falls, WI 54552

For any inquiries, please contact us at 715-762-2484.

Statement Number:
Account Number:
Amount Due: **\$ 891.56**

Statement of Account as of: 12-20-2019

Patient / Date	Provider	Service(s)	Charges (\$)	Pay/Adj (\$)	Bal Due (\$)
01-29-2019	GEOPFLMH	OP GE Convrnsn OP FLMH	891.56	891.55	891.56
PLEASE PAY THIS AMOUNT					\$ 891.56

Please detach and return with your payment.

Flambeau Hospital
PO Box 310
Park Falls WI 54552

ADDRESS SERVICE REQUESTED

☐ Please check this box if your address or insurance information has changed, and record the change on the back of this statement

For Internal Use Only 5754109 AR FLMBCBO	Statement Number:	Please pay this amount: \$ 891.56	
	Account Number:		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	Card Number:	CVV2 No*	Exp Date:
	Signature:		

Make check payable to: **Flambeau Hospital**

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

Amount Paid:
\$

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