

North Suburban Medical Center  
PO Box 291569  
NASHVILLE, TN 372291569



002515

SSC08648 4300788 L1144 459436032

THEODORE JAMES ANGEL



5471 Raritan Way  
Denver, CO 80221-1735



Account Number:	45010342505
Patient Name:	THEODORE JAMES ANGEL
Date of Service:	2/23/2023-2/23/2023
Account Balance:	\$ 0.00

Dear THEODORE JAMES ANGEL:

This letter is to confirm your patient responsibility has been paid in full at this time. Please be advised any future adjustments from your insurance company could affect your patient responsibility.

We appreciate your choosing our hospital for your healthcare needs. If you have any questions or concerns, please feel free to contact Customer Service at any time.

Sincerely,  
Customer Service  
Phone: 866-551-6004  
Fax: 804-381-4508  
Hours: 8:30AM-7:00PM

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