

57659870YNNNNN



PO BOX 587  
AKRON ST 44333-1234

RETURN SERVICE REQUESTED

Checks Payable To:

Generic Corporation

Visit Our Website or  
Pay Online At:

genericcorporation.com



Generic Corporation  
P.O. Box 587  
AKRON ST 44333-1234

Account #: 123456

Please Pay: \$30.00

Due Date: 12/05/18



Go Green!

Register to receive statements electronically by going to  
**PatientPlus.account-access.net/pap**  
and logging in with your Statement PIN: ABC1234



| Date   | Invoice # | Provider | Description  | Charges           | Payments/<br>Adjustments | Balance |
|--|-----------|----------|--|-------------------|--------------------------|---------|
| 09/07/18   | 4896580   | ROCK     | OFC/OUTPT VISIT E&M NEW<br>CONNECTICARE<br>COPAYMENT AMOUNT<br>CHR ECXD FEE SCHD AMT/ALLOWED<br>CONNECTICARE ADJUSTMENT<br>Balance | 205.00            | -91.27<br>-83.73         | 30.00   |
| <b>Important Message About Your Account</b>  |           |          |  | <b>Amount Due</b> |                          | 30.00   |
| We have not heard from you regarding your outstanding balance. Please call our billing office to make or set up a payment arrangement. |           |          |  |                   |                          |         |

|                                     |                                   |  |  |                            |                           |
|-------------------------------------|-----------------------------------|--|--|----------------------------|---------------------------|
|                                     |                                   | <b>Fill In Below To Pay By Credit Card</b><br><input type="checkbox"/> Visa <input type="checkbox"/> Discover<br><input type="checkbox"/> MasterCard <input type="checkbox"/> American Express |  | <b>Invoice#</b><br>4896580 | <b>Balance</b><br>\$30.00 |
| <b>Card Number</b>                  |                                   | <b>Security Code</b>   |  |                            |                           |
| <b>Signature</b>                    |                                   | <b>Exp. Date</b>   |  |                            |                           |
| <b>Statement Date</b><br>11/15/18   | <b>Pay This Amount</b><br>\$30.00 | <b>Account #</b><br>123456   |  |                            |                           |
| <b>Payment Due Date</b><br>12/05/18 | <b>Show Amount Paid Here</b>      |  |  |                            |                           |



For Billing Questions Call  
**800-123-1234**  
Mon-Fri 8:30-4:30