Date: 4/4/2008

Margaretville Memorial Hospital
P.O. Box 473 Amherst, NH 03031

Account Number:	0000000013-TP
Number of Accounts:	
Total Balance Due:	$1,355.18
Due Date:	**4/4/2008**
Monthly Payment:	$100.00

$☐☐☐☐☐.☐☐
Amount Enclosed **(If paying by Credit Card, please complete info on back)**

#MMHTP1#
WALKER, DANA
5 NORTHERN BLVD
AMHERST, NH 03031

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Remit To:
Margaretville Memorial Hospital
42084 Rte 28
Margaretville, NY 12455

▲PLEASE ENCLOSE THIS PORTION WITH YOUR PAYMENT▲
▲PLEASE SEE BACK SIDE TO FURNISH ADDITIONAL INSURANCE INFORMATION OR TO PAY BY CREDIT CARD▲

Monthly Payment Due: $100.00 by 4/4/2008

Please return your next scheduled payment of $100.00 with the enclosed envelope and the attached payment stub above on or before 4/4/2008. If you cannot make your scheduled payment on time for any reason, please contact Patient Accounting immediately. Thank you for your cooperation in maintaining the agreed schedule.

Account Number	Patient Name	Balance	Service Date	Service Code
12345678	DANA WALKER	$323.36	05/25/2003	EMERGENCY ROOM
12345678	DANA WALKER	$223.36	04/25/2003	EMERGENCY ROOM
12345678	DANA WALKER	$123.36	03/25/2003	EMERGENCY ROOM
12345678	DANA WALKER	$23.36	02/25/2003	EMERGENCY ROOM

Payment in full may be made at any time. For your convenience we accept Visa, MasterCard, Discover or American Express. You may charge the balance to your credit card by calling Patient Accounting at 888-331-7573 Monday through Friday between 10:00am and 4:00pm.

Accounts that are not included in the arrangement are due in full upon receipt of our statement. If you have any questions regarding your payment arrangement or if there are other accounts that you currently owe, please contact Patient Accounting to discuss this matter at 888-331-7573.

Margaretville's Financial Assistance: If you qualify, it may cover all or part of the cost of your care. For more information, please call a Financial Counselor toll free Monday through Friday 8:00am to 4:00 pm at 1-888-331-7573.