## Elements of EMA's Time Payment Statement

Acct. Number 123456 Balance Due: \$5,070.77 Due Date: 3/25/08 Monthly Payment: \$200.00 \$000.00 Amount Enclosed (To pay by Credit Card see back side) #GMCTP1# WALKER, DANA E Remit To: 36 RAVINE ROAD Amount Due and Due Date **Customized multicolored forms** AMHERST, NH 03031 Your Hospital Here are created for each client is clearly illustrated to elicit 1 Healthy Way Anywhere, USA 12345 timely payment. utilizing the hospital's logo. ▲PLEASE ENCLOSE THIS PORTION WITH YOUR PAYMENT▲ ▲PLEASE SEE BACK SIDE TO FURNISH ADDITIONAL INSURANCE INFORMATION OR TO PAY BY CREDIT CARD▲ PAYMENT ARRANGEMENT REMINDER Your next scheduled monthly payment is due on or before 3/25/08 in the amount of \$200.00. Please return your payment with the enclosed envelope and the attached payment stub above. If you cannot make your schedule payment on time for any reason, please contact Patient Accounts immediately. On the reverse side of each Thank you for your cooperation in maintaining the agreed schedule. statement, open space is Payment in full may be made at any time. For your convenience we accept MasterCard and Visa. You may charge the balance to your credit card by calling Patient Accounts at 802-728-2200 Monday through provided, which many clients Friday between 8:00am and 5:00pm. Amount Due and Due Date utilize to gather credit card If there are other accounts that you currently owe or if you receive new statements for accounts you would are stated again along with like to include in this payment arrangement, please contact Patient Accounts. Accounts that are not information, new insurance included in the arrangement are due in full upon receipt of our statement. instructions to pay and information, and financial Please feel free to call Patient Accounts with any questions or concerns. the client's call to action assistance qualification Sincerely, information. information. Your Hospital Here Patient Accounts (123) 456-7890 Your Affordable Care Program: If you qualify, it may cover all or part of the cost of your care. For more information, please call a Financial Counselor Monday through Friday 8:00am to 5:00pm 123-456-7890. Your Hospital Here • P.O. Box 2000 • Anywhere, USA 12345 • 123-456-7890