

# Elements of EMA's Time Payment Statement

Customized multicolored forms are created for each client utilizing the hospital's logo.

Amount Due and Due Date is clearly illustrated to elicit timely payment.

Amount Due and Due Date are stated again along with instructions to pay and the client's call to action information.

On the reverse side of each statement, open space is provided, which many clients utilize to gather credit card information, new insurance information, and financial assistance qualification information.

Acct. Number:	123456
Balance Due:	\$5,070.77
Due Date:	3/25/08
Monthly Payment:	\$200.00

\$  
Amount Enclosed (To pay by Credit Card see back side)

#GMCTP1#  
WALKER, DANA E  
36 RAVINE ROAD  
AMHERST, NH 03031

**Remit To:**  
Your Hospital Here  
1 Healthy Way  
Anywhere, USA 12345

▲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. Thank you for your cooperation in maintaining the agreed schedule.

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 Friday between 8:00am and 5:00pm.

If there are other accounts that you currently owe or if you receive new statements for accounts you would like to include in this payment arrangement, please contact Patient Accounts. Accounts that are not included in the arrangement are due in full upon receipt of our statement.

Please feel free to call Patient Accounts with any questions or concerns.

Sincerely,  
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.

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*Your Hospital Here • P.O. Box 2000 • Anywhere, USA 12345 • 123-456-7890*