

ACCOUNT SUMMARY

Statement Date 02/15/18
 Patient Name PATIENT NAME
 Guarantor Name GUARANTOR NAME
 Account Number XXXXXXXXXXXXX
 Admission Date 02/09/18
 Discharge Date 02/09/18
 Total Charges 305.00
 Adjustments 85.42
 Payments 0.00

BALANCE DUE NOW \$219.58

SUMMARY OF CHARGES


Description	Charges
LABORATORY	305.00
Total Charges	\$305.00

Payment Information

Thank you for choosing Crete Area Medical Center as your health care provider. We have filed your claim to your insurance company and the remaining balance is owed by you. Bills may be securely viewed and paid online at www.bryanhealth.com/CAMC.

PHONE:  (402) 826-6588

ONLINE:  www.bryanhealth.com/CAMC

MAIL:  2910 Betten Drive
Crete, NE 68333-3084

QUESTIONS

If you have questions regarding your account or would like a detail of the charges, please call our patient accounts department at (402) 826-6588.

Business Office: Monday - Friday, 8:00 AM - 5:00 PM.
We are here to serve you.

4473-CAMCSTMT-3734232-2574024819-P; 18040171-1-4; da5efdb6-37b8-4d64-9df6-e89d712f5d27; 5





PLEASE RETURN THIS PORTION WITH PAYMENT. DO NOT ATTACH CHECK TO STUB.



Crete Area Medical Center
2910 Betten Drive
Crete, NE 68333-3084



IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.

<input type="checkbox"/>  MASTERCARD	<input type="checkbox"/>  DISCOVER	<input type="checkbox"/>  VISA	<input type="checkbox"/>  AMERICAN EXPRESS
CARD NUMBER		SECURITY CODE	
SIGNATURE		EXP. DATE	
CARDHOLDER NAME			
ACCOUNT #	PAY THIS AMOUNT	DUE DATE	
XXXXXXXXXXXX	\$219.58	3/15/2018	

SHOW AMOUNT \$
PAID HERE

655629 (PC2)

PATIENT NAME
PATIENT ADDRESS

CRETE AREA MEDICAL CENTER
PO BOX 220
CRETE, NE 68333-0220

