

Miami Valley Hospital - NEW BILLING STATEMENT

Miami Valley Hospital

Miami Valley Hospital now has a new logo.



Miami Valley Hospital
Premier Health Partners
P.O. Box 713072 Columbus OH 43271-3072



Important Contact Information

Our important contact information and phone numbers will appear in this area. Please refer to your account number when calling.

ACCOUNT STATEMENT

ACCOUNT NUMBER	STATEMENT DATE	SERVICE FROM	SERVICE TO	PATIENT NAME

Please see reverse side for free care eligibility information. A detailed bill is available upon request.

DATE	DESCRIPTION	AMOUNT

Detail Section

The major section of the statement explains all charges and payments.

Amount Due or Current Balance

Amount Due/Current Balance

In this yellow box your amount due or current balance will appear. This is the amount due from you.

To ensure proper credit, detach bottom portion and return this portion in the enclosed envelope.

ACCOUNT NUMBER	STATEMENT DATE	SERVICE FROM	SERVICE TO	PATIENT NAME

*Please check box and make address or insurance changes on reverse side.

For your convenience we accept payment by phone.
If payment in full has been recently made, thank you.

Amount Due or Current Balance

Amount Enclosed

MAKE CHECKS PAYABLE AND REMIT TO:

Payment Options

If you want to pay by credit card, simply complete this section and return the stub in the enclosed envelope.

Please select box for payment option. If paying by credit or debit card fill out below.



Card Number _____ V-Code _____

Print Name _____ Amt. Paid _____

Signature _____ Exp. Date _____

Remittance Stub

Return the bottom stub in the enclosed envelope. The address will fit in the window envelope.