

Account number: 2861
Responsible party: Test Mbn

Statement date: November 07, 2017

## Thank you for choosing Enloe Medical Center

Please submit payment of \$224.53 by December 05, 2017 or call us at 530-332-6300 if you would like to make payment arrangements.



## Pay by Mail

Complete the form below and return to mailing address.

## Pay by Phone

Call 530-332-6300 to pay by credit or debit card. 8 AM to 5 PM Monday through Friday.

Due Date
12/05/17

Amount Due
\$224.53

Amount Enclosed
\$

Payment Mailing Address:

Test Mbn 87589 morgan test rd CHICO CA 95926

Enloe Medical Center PO Box 742816 Los Angeles, CA 90074-2816

## With this number, you can reference all accounts that are your responsibility.

		~ ~
Amount Due	Due Date	Guarantor #
\$224.53	12/05/17	2861

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding   Balance	Patient Balance
All Accounts	355.53	-118.51	-12.49	224.53	\$224.53
Totals	355.53	-118.51	-12.49	224.53	\$224.53

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Test Mbn's	visit to ENC DIGESTIVE DISEASE 🔼		Acct #3	10036610 🔔	
Uzma Abba					
	This describes the location of service	ces.			
11/03/17	OFFICE OUTPATIENT VISIT 15 MINUTES (qty: 2)	237.02			
	BLUE CRO Adjustments		-103.51		
	Insurance Payments		-15.00		
	Patient Payments			-12.49	
	Totals	237.02	-118.51	-12.49	\$106.02
Test Mbn's visit to ENC DIGESTIVE DISEASE Acct #10036679					
Uzma Abba	asi, MD				
The balance due is your responsibility. Please pay the amount in full.					
11/06/17	OFFICE OUTPATIENT VISIT 15 MINUTES	118.51			
	Totals	118.51			\$118.51

Each visit to Enloe generates a new account number.