

Important Message

Account Summary

Statement Date 06/07/16
 Responsible Person Jane Doe
 Patient Name Jane Doe
 Account Number 100001234567
 Total Charges \$ 1,403.00

Name of the person financially responsible for balances on this account

Patient Name

Unique Number Assigned for Each Visit

...se Cancer Center for
 ...to notify you that your account is now due.

Hospitals provide free and/or reduced-priced care to persons who qualify, as well as assistance in applying for government funded ... you cannot afford the cost of ... **1-888-378-0357**.

We hope you will always have confidence in Fox Chase Cancer Center's commitment to your health.

Amount Due By 6/27/16 \$ 1,403.00
 Details/Information on Reverse

Balance Due for Services Listed

How To Pay

Call This Number if You Have Questions Regarding Your Bill

- NEW!** Pay online at: [TempleHealthBillPay.com](#)
- Mail your payment or credit card information with the bottom portion of your statement.
- To make your credit card payment by phone, call us at **1-888-378-0357**. Our Customer Service hours are Monday – Friday, 8:00 a.m. to 5:00 p.m.

Contact Us

Customer Service: **1-888-378-0357**
 Phone Hours: Monday - Friday
 8:00 a.m. to 5:00 p.m.

Make Checks Payable to:

Fox Chase Cancer Center, Attn: Cashier
 P.O. Box 827200
 Philadelphia, PA 19182-7200

A fee will be charged on returned checks.

IF PAYING BY CREDIT CARD, CHECK CARD USING FOR PAYMENT.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
CARD NUMBER		AMOUNT PAID \$	
SIGNATURE		3 or 4 digit code	EXP. DATE
STATEMENT DATE 06-07-16	DUE DATE 06-27-16	PAY THIS AMOUNT \$1403.00	ACCOUNT # 100001234567

Use This Information to Mail Your Payment



TUHS1-21234567
 JANE DOE
 123 PINE STREET
 PHILADELPHIA PA 19104



MAKE CHECKS PAYABLE AND REMIT TO:

FOX CHASE CANCER CENTER
 ATTN: CASHIER
 P.O. BOX 827200
 PHILADELPHIA, PA 19182-7200

