

Thank you for choosing Fox Chase Cancer Center for your health care needs. This is to notify you that your account is now due. Please pay your balance in full or contact Customer Service at **1-888-378-0357**.

NEW! Pay online at TempleHealthBillPay.org

ACCOUNT SUMMARY		RESPONSIBLE PERSON: JONATHAN DOE		
ACCOUNT #	SERVICE DATE	PATIENT NAME	TOTAL CHARGE	BALANCE DUE
▶ 100001234567-3	02-22-16	JONATHAN DOE	33,7	1,213.31
100001234567-4	03-21-16	JONATHAN DOE		1,213.31
100001234567-1	04-20-16	JONATHAN DOE		1,213.31

Unique Number Assigned for Each Visit (points to account #)

Patient Name (points to patient name)

Name of the person financially responsible for balances on this account (points to responsible person)

Balance Due for Services Listed (points to total charge)

Due Date: 05-21-16
Balance Due: 3,693.93

IMPORTANT: This marker ▶ next to an account number lists accounts that are past due and the account is eligible for further collection activity if not paid by the final notice for this date of service. If you have not made a payment or other arrangements for your balances, please contact our office today.

Please Note: Additional accounts are not automatically added to this payment arrangement. If you receive other statements, please contact us to add the account to the payment plan.

PAYMENT ASSISTANCE

Fox Chase Cancer Center provides assistance in applying for government funded programs for persons who qualify, as well as assistance in applying for financial assistance to help afford the cost of your care, please call **1-888-378-0357**.

Call This Number if You Have Questions Regarding Your Bill



FOX CHASE CANCER CENTER
PO BOX 827200
PHILADELPHIA, PA 19182



Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

*Please detach and return bottom portion with your payment.

<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER			AMOUNT PAID \$
SIGNATURE		3 - 4 DIGIT CODE	EXP. DATE
STATEMENT DATE 05/01/16	DUE DATE 05/21/2016	PAY THIS AMOUNT \$ 3,639.93	
ACCOUNT NUMBER 100001234567-3	ACCOUNT NUMBER 100001234567-4	ACCOUNT NUMBER 100001234567-1	

ADDRESSEE:

JONATHAN DOE
123 MAIN STREET
PHILADELPHIA, PA 19176

Use This Information to Mail Your Payment

MAKE CHECKS PAYABLE TO:

FOX CHASE CANCER CENTER
P.O. BOX 827200
PHILADELPHIA, PA 19182

*A fee will be charged on returned checks.