

Important Message

Account Summary

Statement Date 06/07/16
 Responsible Person Jane Doe
 Patient Name Jane Doe
 Account Number 500001234567
 Total Charges \$ 1,403.00

Amount Due By 6/27/16 \$ 1,403.00

Details/Information on Reverse

Balance Due for Services Listed

Ways To Pay

- NEW!** Pay online at:
TempleHealthBillPay.org
- 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 **1-877-711-7520**. Our Customer Service hours are Monday – Friday, 8:00 a.m. to 5:00 p.m.

Call This Number if You Have Questions Regarding Your Bill




Contact Us

Customer Service: **1-877-711-7520**
 Phone Hours: Monday - Friday
 8:00 a.m. to 5:00 p.m.

Make Checks Payable to:
 Temple University Hospital
 Attn: Cashier
 3401 N. Broad Street
 Philadelphia, PA 19140-5103

A fee will be charged on returned checks.

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

IF PAYING BY CREDIT CARD, CHECK CARD USING FOR PAYMENT.		  	
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 # 500001234567

Use This Information to Mail Your Payment

TUHS1-21234567
 JANE DOE
 123 PINE STREET
 PHILADELPHIA PA 19104



MAKE CHECKS PAYABLE AND REMIT TO:

TEMPLE UNIVERSITY HOSPITAL
 ATTN: CASHIER
 3401 N. BROAD STREET
 PHILADELPHIA, PA 19140-5103

