

Important Message

Account Summary

Statement Date 06/07/16
Responsible Person Jane Doe
Patient Name Jane Doe
Account Number 300001234567
Total Charges \$ 1,403.00

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

Balance Due for Services Listed

How To Pay

- 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 **1-877-711-7520**. 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.

2450 W. HUNTING PARK AVE • PHILADELPHIA PA 19129

ADDRESS SERVICE REQUESTED

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. | | <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 # 300001234567 |

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

