KIRBY MEDICAL CENTER

DOE,JANE L

Account Number: V99999999
Statement Date: 02/23/2018

DOE,JANE L

You are listed as the responsible party for the account(s) listed on this contract. In the event additional charges are incurred, a new contractual agreement will need to be established. For questions or information, please contact Patient Financial Services at 217-762-1540.

PAYMENT OPTIONS & BILLING QUESTIONS

Online: Visit https://kirbyhospital.org/bill-pay/
Fast, secure, and available 24/7.

Voice: Call 217-762-1540
Available: Monday - Friday, 8:00am - 4:30pm

Pay By Mail
Please make checks payable to KIRBY MEDICAL CENTER or complete the bottom portion below for credit card payment.

OUR MISSION

Kirby Medical Center is committed to affordable and accessible quality health care delivered in a personal and professional manner to residents of Piatt County and the surrounding areas.

FINANCIAL ASSISTANCE

Kirby Medical Center offers "Kirby Financial Assistance" to assist those people who cannot pay their hospital bill by offering free care. You can obtain an application online at: **http://www.kirbyhealth.org/PDF/KirbyFinancialAssistanceApplication.pdf** or in the Patient Financial Services office located at: Kirby Medical Center 1000 Medical Center Dr. Monticello, IL 61856. For questions please call Patient Financial Services at **217-762-1540.**

Account Summary

YOUR PAYMENT IS DUE

Your insurance has been billed. The remaining balance is your responsibility.

Please Pay

$50.00

BY 03/24/2018

If paying by mail, please detach this section and return with payment

Statement Number: SN0009999999

KIRBY MEDICAL CENTER
1000 Medical Center Drive
Monticello, IL 61856

Statement Date 02/23/2018	If paying by credit card: VISA MasterCard DISCOVER AMERICAN EXPRESS		
Admit Date 12/28/2016	CARD NUMBER	CVV2 NUMBER	EXP DATE
Account # V99999999	CARDHOLDER NAME (PLEASE PRINT)	SIGNATURE	
Guarantor JANE L DOE		**Amount You Owe $50.00** By 03/24/2018	Enter Amount Paid $

- Questions? Call **217-762-1540**, M-F 8:00 am - 4:30 pm
- Has your insurance or address changed? Help us update our records by calling **217-762-1540**.

Medical Bill Prepared For:

00001
1-1-74
**********SNGLP 460
DOE JANE L
1234 TEST RD
SOMEWHERE IL 12345-6789

Please Make Checks Payable and Remit To:

Kirby Medical Center
1000 Medical Center Drive
Monticello, IL 61856-2116

KIRBY MEDICAL CENTER

Questions about your bill?

Call 217-762-1540
Monday-Friday, 8:00 am - 4:30 pm

Kirbyhealth.org
Available 24/7

YOUR PAYMENT IS DUE

Your insurance has been billed. The remaining balance is your responsibility.

Please Pay

$50.00

BY 03/24/2018

YOUR KIRBY BILLING DETAIL

Patient Name: DOE,JANE L Facility: Hospital

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Activity Summary for 02/22/2018 Contract          Recent Payment History
Total Contract Amount            754.70
Payments To-Date               0.00
Remaining Balance              754.70
Number of Payments Received    0
Number of Payments Remaining   16
Statement Date:                02/23/2018

Name: DOE,JANE L                 Account Number:    V99999999
Service Date                             Balance
12/28/2016                               754.70
754.70
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Please Update Information That Has Changed Since Your Last Statement

ABOUT YOU

YOUR NAME (LAST, FIRST, MIDDLE INITIAL)
ADDRESS
CITY STATE ZIP
PHONE NUMBER ( )   MARITAL STATUS ☐ SINGLE ☐ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED
EMPLOYER'S NAME PHONE NUMBER ( )
EMPLOYER'S ADDRESS
CITY STATE ZIP

ABOUT YOUR INSURANCE

YOUR PRIMARY INSURANCE COMPANY'S NAME		PHONE NUMBER ( )
YOUR PRIMARY INSURANCE COMPANY'S ADDRESS		
POLICY HOLDER'S NAME	DATE OF BIRTH	RELATIONSHIP TO PATIENT
CITY		STATE ZIP
POLICY ID NUMBER		GROUP PLAN NUMBER
YOUR SECONDARY INSURANCE COMPANY'S NAME		PHONE NUMBER ( )
YOUR SECONDARY INSURANCE COMPANY'S ADDRESS		
POLICY HOLDER'S NAME	DATE OF BIRTH	RELATIONSHIP TO PATIENT
CITY		STATE ZIP
POLICY ID NUMBER		GROUP PLAN NUMBER