



ROCKVILLE GENERAL HOSPITAL  
C/O BUS OFFICE, 320 MAIN ST  
MANCHESTER, CT 06040



RETURN SERVICE REQUESTED

PATIENT NAME: JOHN Q PATIENT  
DATE OF SERVICE: 11/03/11 - 11/03/11

**You can only pay your bill online if your statement shows this address.**

JOHN Q PATIENT  
1234 MAIN STREET  
ANYTOWN, USA 12345-6789

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.

CHECK CARD USING FOR PAYMENT

MASTERCARD   
  DISCOVER   
  VISA   
  AMERICAN EXPRESS

CARD NUMBER \_\_\_\_\_ SIGNATURE CODE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ EXP. DATE \_\_\_\_\_

Invoice Date	Please Pay This Amount	Account #
04/06/12	\$150.00	H01234567

31487

PAGE: 1 of 1

Amount Paid \$

652633B

ECHN  
PO BOX 560  
MANCHESTER, CT 06045-0560

31487\*TH10JFDYJ000003

Please check box if address or insurance has changed. Write changes on reverse side.

**Invoice**

Please Detach And Return Top Portion With Your Payment.

POSTING DATE	DESCRIPTION	AMOUNT
	DRUGS/IM/IV	41.40
	PHARMACY - SELF ADMINISTERED	57.57
	INTRAVENOUS THERAPY	702.65
	STERILE SUPPLY	15.08
	LABORATORY	675.60
	RADIOLOGY-DIAGNOSTIC	135.00
	EMERGENCY ROOM	906.40
	EMERGENCY ROOM-PROF FEES	451.42
12/06/11	ADJ - OXFORD HEALTH PLANS	-806.74
12/06/11	PMT - OXFORD HEALTH PLANS	-2178.38
12/07/11	ADJ - OXFORD HEALTH PLANS	806.74
12/07/11	ADJ - OXFORD HEALTH PLANS; CORRECTED ADJ	-656.74
03/02/12	PMT - OTHER; HARVARD	0.00
	Charges to date:	2985.12
	Receipts to date:	2178.38
	Adjustments to date:	656.74
	Estimated insurance due:	0.00

BILLING INQUIRIES: 860-872-5151 or e-mail patient\_accounts@echn.org  
ONLINE PAYMENT: @ echn.org "Bill Pay" link

ACCOUNT #

H01234567

PLEASE PAY THIS AMOUNT

\$150.00

**MESSAGE:**

Thank you for choosing Rockville General Hospital. Your insurance has processed your claim and determined \$ 150.00 is your responsibility. Please remit payment or contact 860-872-5151 to discuss payment.

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**INSURANCE INFORMATION**

OXFORD HEALTHPLAN    1234567890  
HARVARD PILGRIM        HP234567890



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