



### Change of Address

Name (Last, First, Middle Initial)

Address

City

State

ZIP

Telephone

If any of the following has changed since your last statement, please indicate...

### Primary Insurance Updates

Primary Insured Name

Primary Insurance Name

Effective Date

Primary Insurance Street Address

City

State

ZIP

Telephone

Employer Name

Group Number

Subscriber ID #

Policyholder's Date of Birth

### Secondary Insurance Updates

Secondary Insured Name

Secondary Insurance Name

Effective Date

Secondary Insurance Street Address

City

State

ZIP

Telephone

Employer Name

Group Number

Subscriber ID #

Policyholder's Date of Birth

### MESSAGE'S CONTINUED:

3 - Second Notice – We have not yet received payment on your account. Please make your payment today or contact us to discuss financial arrangements.

4 - Your account is now past due. Please make your payment in full today.

5 - Past Due Notice – Your account is now seriously past due. To avoid further collection activity, please make your payment in full today.

6 - FINAL NOTICE – If full payment is not received within 10 days your account will be referred to a collection agency.

7 - Second Notice – We have not yet received full payment on your account. Please make your payment today or contact us to discuss financial arrangements.

8 - Your account is now past due. Please make your payment in full today.

9 - Past Due Notice – Your account is now seriously past due. To avoid further collection activity, please make your payment in full today.

10 - Thank you for your payment. Your next payment is due as scheduled.

11 -We have not received your payment as agreed. Please make your past due payment along with your current month's payment.

12 - We have not received your payments as agreed. Please bring your account current within 10 days or your contract will be invalid

13 - FINAL NOTICE – Your contract is now invalid. If full payment of the balance is not received within 10 days your account will be referred to a collection agency

14 - We did not receive your payment as agreed. Please bring your account current or contact us to make other arrangements

15 - We have not received your payments as agreed. Please bring your account current within 10 days or your contract will be invalid.



ANY ADVENTIST HOSPITAL  
1234 ANY STREET  
ANY TOWN, CA 99999-9900

STATEMENT NUMBER	AMOUNT DUE	DUE DATE
12345678	\$60.00	09/24/12



**Pay Online:** [adventisthealth.org/pay-your-bill](http://adventisthealth.org/pay-your-bill)  
**Access Code:** 1234567890

**QUESTIONS?** call Customer Service  
at (800) 555-5555.

Date	Description	Charges	Payments/ Adjustments	Patient Balance	Status