



PATIENT NAME

DOE JOHN

ACCOUNT NUMBER

12345678

RESPONSIBLE PARTY

DOE JOHN

DATES OF SERVICE

01/01/24 - 01/01/24

INSURANCE

MEDICARE - CLINIC

January 18, 2024

DOE JOHN
123 MAIN STREET
ANYTOWN NY 12345

For Questions or Information, please call
(315) 848-8000
or visit www.cliftonfine.hospital

DATES OF SERVICE	DESCRIPTION	AMOUNT
01/01/24 - 01/01/24	CURRENT HOSPITAL CHARGES	\$ 152.90
CLINIC	Patient Payment	\$0.00
	Amount Paid by Insurance	\$75.00
	Insurance Contractual Adjustment	\$52.90
	DUE FROM PATIENT: Please Pay This Amount	\$25.00
<p>***** PLEASE PAY IN FULL QUESTIONS? CALL (315) 848-8000 ***** Pay Online at www.personapay.com/clifton</p>		

Please return this portion with your payment (Allow 7-10 days for postal delivery)

DUE DATE

February 8, 2024

Amount Enclosed:

ACCOUNT NUMBER

12345678/DOE JOHN

Check #:

Please Pay This Amount

\$25.00

Fill out below for credit card payments

-  MASTERCARD
-  VISA
-  AMERICAN EXPRESS
-  DISCOVER

Please write your account number on your check. Make check payable to:

PRINT NAME ON CARD _____ EXPIRATION DATE _____

CARD NUMBER _____ AUTHORIZATION CODE _____

SIGNATURE _____ CARD HOLDER'S ZIP CODE _____

Clifton-Fine Hospital
1014 Oswegatchie Trail Road
Star Lake, NY 13690