



**erlanger**  
975 E. Third Street  
Chattanooga, TN 37403

16965-0041



0101

RETURN SERVICE REQUESTED  
PATIENT NAME: Fred Erlanger  
DATE OF SERVICE: 04/05/11



**FRED ERLANGER**  
975 EAST MAIN ST.  
CHATTANOOGA, TN 37403

IF PAYING BY MASTERCARD, DISCOVER, VISA, AMERICAN EXPRESS OR FSA, FILL OUT BELOW  
CHECK CARD USUAL FOR PAYMENT

<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> FSA
CARD NUMBER	SIGNATURE CODE		AMOUNT	
SIGNATURE			EXP. DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCT. #		
04/28/11	\$1,225.73	123456789		
PAYMENT DUE DATE	SHOW AMOUNT PAID HERE		\$	
05/13/11				

8024178

01234567890001225738

Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side

FC: 016965-0041\*1700CMBY7000001  
\* Required. Located on the back of your credit card.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT



**erlanger**

Thank you for choosing us!

PATIENT NAME	ACCOUNT NO.	ADMIT DATE	DISCHARGE DATE	STATEMENT DATE	PAGE #
ERLANGER, FRED	123456789	04/05/11	04/06/11	04/28/11	1 of 1

TRANSACTION DATE	DESCRIPTION	AMOUNT
04/27/11	CURRENT BALANCE	\$20,755.00
04/27/11	Blue Cross Blue Shield Payment	\$5,770.87-
04/27/11	Blue Cross Blue Shield Allowance	\$13,758.40-

INSURANCE(S) BLUE CROSS BLUE SHIELD OUT OF STATE	BILLING QUESTIONS: CALL: 423-778-5150 OR 1-800-262-5764 WEEKDAYS: 8:30am - 4:30pm EST EMAIL: billinginquiries@erlanger.org FAX: 423-778-4740 or 423-778-4731	ACCOUNT BALANCE
		\$1,225.73
IMPORTANT MESSAGE 10% discount offered if payment in full is received within 15 days of statement date.		PLEASE PAY THIS AMOUNT
		\$1,225.73

YOU MAY RECEIVE ADDITIONAL BILLS FROM OTHER HEALTHCARE PROVIDERS SUCH AS RADIOLOGY, LABORATORY, OR PHYSICIANS

