

CER-1024
PO BOX 62690 | BALTIMORE, MD 21264-2690

Summary of Account Activity

Account Name	JOHN DOE
Statement Number	123456789
Total Charges	\$190.00
Patient Payments/Adjustments	\$0.00
Total Insurance Payments	\$0.00
Total Insurance Adjustments	\$0.00
Due Date	06/26/2024

Amount Due: \$190.00

Important Message
Thank you for choosing Adventist Healthcare. As of the date on this statement, we have not received payment in full on your account. Thank you.

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Patient Statement

If you have questions about your bill or to make a payment by phone:
Call us: 301-315-3660
Mon-Thurs 8 AM - 6 PM EST
Friday 8 AM - 3 PM EST

ADDRESSEE:

JOHN DOE
123 EASY ST
ORLANDO FL 12345-6789

1

Amount Due:
\$190.00

Online Bill Pay

A fast, convenient way to manage your bill

Additional Information

- Pay online 24/7!
www.adventisthealthcare.com/patients-visitors/billing-financial/
- Interest-Free Payment Plans
Call 301-315-3660
- Mobile Quick Pay
Make a quick and easy payment online just by using the camera from your smartphone.

Statement Number: 123456789

Due Date: 06/26/2024

Amount Due: \$190.00

Amount Paid: \$ _____

adventisthealthcare.com/patients-visitors/

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Help!

Use this visual guide to find information on your billing statement.

1

Statement Number

2

Amount Due

3

Due Date