

PLANTATION BILLING CENTER  
PO BOX 459077  
SUNRISE FL 33345-9077

**DETACH AND RETURN THIS COUPON WITH  
THE REVERSE SIDE COMPLETED TO PAY BY  
CREDIT CARD, TO PROVIDE INSURANCE  
INFORMATION OR FOR CHANGE OF ADDRESS.**

Patient  
Name: MELODY N BALLARD AMT DUE: \$454.00

Credit card charges will appear as "Team Health"

PHYSICIAN SERVICES RENDERED AT: NORMAN REGIONAL HOSPITAL



54809366-51-1863  
PS ▲ 006849  
MELODY N BALLARD T29 P1  
18620 BURTON DR  
NORMAN OK 73026-9660



51  
NORMAN EMERGENCY PHYSICIANS  
DEPT: A ☐ B ☐ C ☐ (check one - see reverse)  
PO BOX 459077  
SUNRISE FL 33345-9077

018000548093665026051833380186340004540095

↑ Detach Here ↑

DATE	INVOICE#	DESCRIPTION	PROVIDER	DEBITS	CREDITS
09/14/15	156410040	EMERGENCY DEPT VISIT	COSTNER DO,HOLLY	\$454.00	

THIS IS YOUR PHYSICIAN SERVICES BILL AND IS SEPARATE FROM THE HOSPITAL BILL

**ACCOUNT NUMBER: 54809366-51-1863 STATEMENT DATE: 09/29/15 TOTAL NOW DUE: \$454.00**

PLEASE REMIT BALANCE REQUIRED OR VISIT OUR WEBSITE AT [WWW.THBILLPAY.COM](http://WWW.THBILLPAY.COM) TO PAY BY CREDIT CARD.

For Billing Inquiries, call 888-952-6772 on Monday through Friday, from 8am to 8pm and Saturday from 10am to 3pm Eastern Time.

**SEND US YOUR INFORMATION OVER THE WEB!**

You may now provide insurance information and make credit card payments at <http://www.thbillpay.com/>

↓ Detach Here ↓

**PAYMENT COUPON - RETURN WHEN PAYING BY CHECK OR MONEY ORDER**

PATIENT NAME: MELODY N BALLARD ACCT#: 54809366-51-1863 CHECK#: \_\_\_\_\_ AMT PAID: \_\_\_\_\_

PHYSICIAN SERVICES RENDERED AT: NORMAN REGIONAL HOSPITAL

DO NOT STAPLE OR TAPE YOUR CHECK  
OR MONEY ORDER TO THIS COUPON

☐ CHECK HERE FOR CHANGE OF ADDRESS

**MAKE CHECKS PAYABLE TO:**

54809366-51-1863  
Melody N Ballard  
18620 Burton Dr  
Norman OK 73026-9660

51  
NORMAN EMERGENCY PHYSICIANS  
PO BOX 740022  
CINCINNATI OH 45274-0022

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