

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 ▲ 0 0 6 8 4 9
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 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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