

Guarantor Name	Guarantor ID 572324	Statement Date 01/30/18
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MasterCard Visa Exp Date

Card Holder's Name	Card Number	3 Digit #
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Total Due Upon Receipt:
159.50

Dear [Redacted]

Thank you for choosing Paulding County Hospital. Please review the enclosed billing statement. Listed on the back are the payment options that are offered for account balances.

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Acct #1017661918					
Outpatient Paulding County Hospital Manges, Robert F, MD					
12/27/17	LABORATORY - GENERAL CLASSIFICATION ANTHEM Payments Deductible: 122.45 Coinsurance: 37.05 ANTHEM Adjustments	389.00	-148.21		
	Totals	389.00	-229.50	0.00	159.50
	<u>Patient Balance</u>				<u>159.50</u>
Balance Due					159.50

*Make Payments to: Paulding County Hospital
Attn: Patient Accounts
1035 West Wayne Street
Paulding, Ohio*

Online bill pay www.pauldingcountyhospital.com