Sutter Medical Center		
of Santa Rosa	Account Summary	
P.O. BOX 1828 4	Date of Bill:	5/12/2011
Novato Ca 94948	Date of Service:	
	Account number:	04-29-11
Return Service Requested	Total Charges:	<b>#</b> 1 001 00
	Adjustments:	\$1,324.00
— Haraldalallarialdalblariadlidaaalllaasidl	Uninsured Discount:	\$0.00
		(\$476.64)
1	Patient Payments:	\$0.00
3EDM31UFUL UM 304/2-0113	What You Owe Now:	\$847.36
	Due Date:	6/6/2011
	If your prompt payment is received by 06-27-2011 what you owe is:	\$762.62
Dear	Please see reverse side for patient billing	ig details ⇒
Sincerely, Patient Accounts	ent by the due date.	
Patient Accounts  setions ase contact us at 800-326-6674	<b>Insurance information</b> We currently do not have any information on file for your account. If	this is not
	<b>Insurance information</b> We currently do not have any	this is not r earliest
Patient Accounts  setions ass contact us at 800-326-6674	Insurance information  We currently do not have any information on file for your account. If correct, please contact us at you opportunity or send in your information	this is not r earliest
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REMIT THIS PAYMENT TO:

Sutter Medical Center of Santa Rosa P.O. BOX 60000, File No. 73684 San Francisco, CA 94160

Name as it appears on the card		
Card No		
Expiration Date	CCV Code	
Signature x		