responsible party
Jane D Doe

ACCOUNT NUMBER
XXXXXXXXX

BILL DATE 5/25/2016

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Payment and Other Information



To pay securely online and for instructions on "How to Read Your Bill", visit www.ohiohealth.com.













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Please update your information at <u>www.ohiohealth.com</u> or complete the form on the next page.

Account Summary (All Accounts)

Total Physician Charges

Insurance Payments/Adjustments
Patient Payments/Adjustments
Pending Insurance Payment

Amount

\$ 126.00

- \$108.33

\$ 0.00

\$ 0.00

AMOUNT NOW DUE

\$17.67



Financial assistance may be available. For more information, please refer to the insert.

Pay securely online at <u>www.ohiohealth.com</u>

Current balance does not reflect any payments that may have been received after the billing date.



OhioHealth P.O. Box 183221 Columbus, OH 43218-3221



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