

OHIOHEALTH OPG-RMH\_GRBH  
 5350 FRANTZ RD  
 ATTN: OPG BILLING  
 DUBLIN, OH 43016-4259



34035

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.

CHECK CARD USING FOR PAYMENT

MASTERCARD   
  DISCOVER   
  VISA   
  AMERICAN EXPRESS

CARD NUMBER \_\_\_\_\_ SIGNATURE CODE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ EXP. DATE \_\_\_\_\_

STATEMENT DATE \_\_\_\_\_ PAY THIS AMOUNT \_\_\_\_\_ ACCT. # \_\_\_\_\_

PAGE: 1 of 2

SHOW AMOUNT PAID HERE \$

653158C (PC1)



PATIENT NAME  
 1234 ADDRESS ST  
 COLUMBUS, OH 43215



OHIOHEALTH PHYSICIAN GROUP INC  
 L3061  
 COLUMBUS, OH 43260-3061

Please check box if address or name is incorrect, OR if insurance information has changed, and indicate change(s) on reverse side. PLEASE NOTE: This box MUST be checked for changes to occur.

34035\*TYZ0M14JR000964

**STATEMENT**

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

MAKE CHECKS PAYABLE TO:  
 OHIOHEALTH PHYSICIAN GROUP INC  
 L3061  
 COLUMBUS, OH 43260-3061

FOR ACCOUNT QUESTIONS CALL:  
 614-544-6366  
 PAYMENT DUE UPON RECEIPT  
 PAGE: 1 of 2

DATE	DESCRIPTION	CHGS/CREDITS	OUTSTANDING
PATIENT:			

CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS	TOTAL ACCOUNT BALANCE	INSURANCE PENDING	CURRENT BALANCE DUE
0.00	0.00		0.00	0.00		0.00	

CLOSING DATE:

ACCOUNT NUMBER:

7890

