PATIENT NAME		CASE NUMBER	ACCOUNT NUMBER	ANESTHESIA SVC	DATE NO	OTICE DATE
Date		Description		Charge	Insurance Balance	Patient Balance



This is a bill for services not included on your Hospital bill.

For more information about your statement contact Patient Accounts at (503)972-7103, (541)632-6568 or 1-855-514-4375.

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT



Oregon Anesthesiology Group PC Po Box 35147 No 1801 Seattle WA 98124-5147

 $\hfill \square$ Please check here if there are changes to name, address or phone number on back of coupon.

STATEMENT DATE	ACCOUNT NO.	DUE DATE
AMOUNT DUE	SHOW AMOUNT PAID HERE	

Make checks payable to: Oregon Anesthesiology Group PC

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