

Lee Memorial Health System  
 Lee Physician Group  
 P.O.Box 504430  
 St.Louis,MO 63150-4430

ADDRESS SERVICE REQUESTED

BILLING QUESTIONS:

CHECK CARD USING FOR PAYMENT		<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER		VIN #		EXP. DATE	
CARD HOLDER NAME			CARD HOLDER ADDRESS		
SIGNATURE				AMOUNT	
STATEMENT DATE		PAY THIS AMOUNT		ACCT. #	

SHOW AMOUNT PAID HERE \$

ADDRESSEE:

REMIT TO:

Lee Memorial Health System  
 Lee Physician Group  
 P.O.Box 504430  
 St.Louis,MO 63150-4430



Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Account #		Invoice #							
Date	Provider	Procedure Code	Description	Charge	Credits	Insurance Balance	Patient Balance		
* Balance due from Insurance may be the Patient's responsibility if NOT PAID within 60 days.				<b>TOTAL DUE:</b>					
TOTAL PREVIOUS PATIENT BALANCE									
TOTAL BALANCES		Current	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Pat. Balance Total		
PATIENT BALANCE									

Important Messages Regarding Your Account

