

WNJ ER PHYSICIANS

119 W. HOUSTON • SHERMAN TX 75090

Emergency room physician bill.

CARD NO.	EXP. DATE
PRINT NAME	AMT.\$
SIGNATURE	

RETURN ADDRESS REQUESTED

You can pay by credit card.

M/C VISA

Make Check Payable to: *WNJ ER Physicians*
070699 05023

Make out checks here.

WNJ ER Physicians
c/o WNJ ER Physicians
119 W Houston
Sherman TX 75090

John Doe
1234 Your Street
Sherman, TX 75090-7212

TOTAL AMOUNT DUE \$000.00
ACCOUNT NUMBER 0000001234
STATEMENT DATE 00/00/99
PHYSICIAN NAME WNJ ER PHYSICIANS

Detach and send in reply envelope.

AMOUNT ENCLOSED \$ _____

Detach and return stub with payment

What was done in the emergency room.

STATEMENT

Charge for emergency services.

DATE	PATIENT	CPT	DESCRIPTION	ICD9	CHARGE	PAYMENTS	ADJUST.	INS.
00/00/99	JOHN DOE	99284	EMERGENCY DEPT. VISIT LEVEL	431	000.00	00.00	00.00	
00/00/99	JOHN DOE	93010	EKG INTERP & REPORT, 12 LEA	431	000.00	00.00	00.00	

Your individual ER account representative.

Messages left by 4pm will be returned the same day.

TOTAL AMOUNT DUE 000.00

If you have questions please call (903) 891-7038

Balance is OVERDUE. PLEASE REMIT OR CONTACT US IMMEDIATELY.

TOTAL AMOUNT DUE \$000.00 :
ACCOUNT NUMBER 0000001234 :
STATEMENT DATE 00/00/99 :
PHYSICIAN NAME WNJ ER PHYSICIANS

Message for additional information.