Wilson N.Jones Medical Center

PO BOX 1258 • SHERMAN TEXAS 75091-1258

RETURN ADDRESS REQUESTED

Hospital Bill.

CARD NO. EXP. DATE

PRINT NAME AMT.$

SIGNATURE

VISA ☐ M/C ☐ DISC. ☐ AMEX. ☐

You can pay by credit card.

Make Check Payable to : Wilson N. Jones Medical Center

070699 00243

Make out checks here.

Wilson N. Jones Medical Center
P.O. BOX 1258
Sherman TX 75091-1258

John Doe
1234 Your Street
Sherman, TX 75090-7212

TOTAL AMOUNT DUE $000.00
ACCOUNT NUMBER 0000001234
STATEMENT DATE 00/00/99
PATIENT NAME John Doe

AMOUNT ENCLOSED $_____

Detach and send in reply envelope.

Detach and return stub with payment

STATEMENT

DATE	DESCRIPTION	AMOUNT
	BALANCE LAST STATEMENT	000.00

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

TOTAL AMOUNT DUE	000.00

If you have Questions Please call (903) 891-7000

PAYMENT OF BALANCE IN FULL IS EXPECTED. IF ARRANGEMENTS ARE NEEDED, CONTACT OUR BUSINESS SERVICES OFFICE 119 W HOUSTON, SHERMAN

STATEMENT DATE 00/00/99
ACCOUNT NUMBER 0000001234
TOTAL AMOUNT DUE $000.00

Message for additional information.