



MY FAMILY CARE - LEEDS
 MSC 1000021 BX830810
 LEEDS, AL 35094-0810



a

For credit card payments visit: www.myfamilycare.com

CHECK #	PLEASE CHARGE MY <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
CARD NUMBER			
AUTHORIZED SIGNATURE		EXPIRATION DATE	
3-DIGIT VIN#	PATIENT NAME	ADMIT DATE	DUE DATE
	JOHN D GREGORY	6/29/11	ON RECEIPT
BILLING ZIP	STATEMENT DATE	ACCOUNT #	AMOUNT DUE
	7/27/11	ACT7606511	674.12

A NSF fee of \$35.00 for returned checks will be assessed to your account.
 Make check payable to MY FAMILY CARE

Please send payment to:

MY FAMILY CARE
 MSC 1000021 BX830810
 LEEDS, AL 35094-0810

*****MIXED AADC 350

JOHN D GREGORY
 712 HARRISON ST
 MOODY, AL 35004

Check box if address or insurance information is incorrect, please indicate any changes on reverse side

SHOW AMOUNT PAID:

\$

PLEASE DETACH AT PERFORATION AND RETURN WITH PAYMENT.

PATIENT NAME	ACCT #	GUARANTOR	SERVICE DATE	STATEMENT DATE	DUE DATE
JOHN D GREGORY	ACT7606511	JOHN D GREGORY	06/29/11	07/27/11	ON RECEIPT
FACILITY	PRIMARY INSURANCE	SECONDARY INSURANCE	PAY THIS AMOUNT		
LEEDS	BLUE CROSS BLUE SHIELD	NOT ON FILE	674.12		

DATE	PROVIDER	DESCRIPTION OF SERVICE	CHARGE	CREDITS	BALANCE
6/29/11	JO	PREVIOUS BALANCE	674.12		674.12

b

c

d

John,



Flu shot locations nearest to you are Leeds, Moody or Irondale.

e

- a - Mention online pay & QR Code
- b - Minimal detail, if desired
- c - Personalized message using current marketing campaign, in script, in color and on the front of the statement
- d - Change monthly
- e - Location based programming using patient data file and zip code radius (closest to their home - Access to care standards)
- f - Multi-language

SEE REVERSE SIDE TO SUBMIT INSURANCE COVERAGE INFORMATION.
 IF SUBMITTING NEW INFORMATION, PLEASE RETURN THE ENTIRE FORM.

PLEASE PAY THIS AMOUNT

674.12

ACCOUNT NUMBER	ACCOUNT TOTAL	CURRENT	30-DAYS	60-DAYS	OVER 90-DAYS	OVER 120-DAYS	TOTAL CHARGES	TOTAL CREDITS
ACT7606511	674.12	.00	.00	.000	.000	166.00	0.00	(\$5.00)

Thank you for your business. BALANCE IS DUE UPON RECEIPT
 FOR CREDIT CARD PAYMENTS VISIT: www.myfamilycare.com

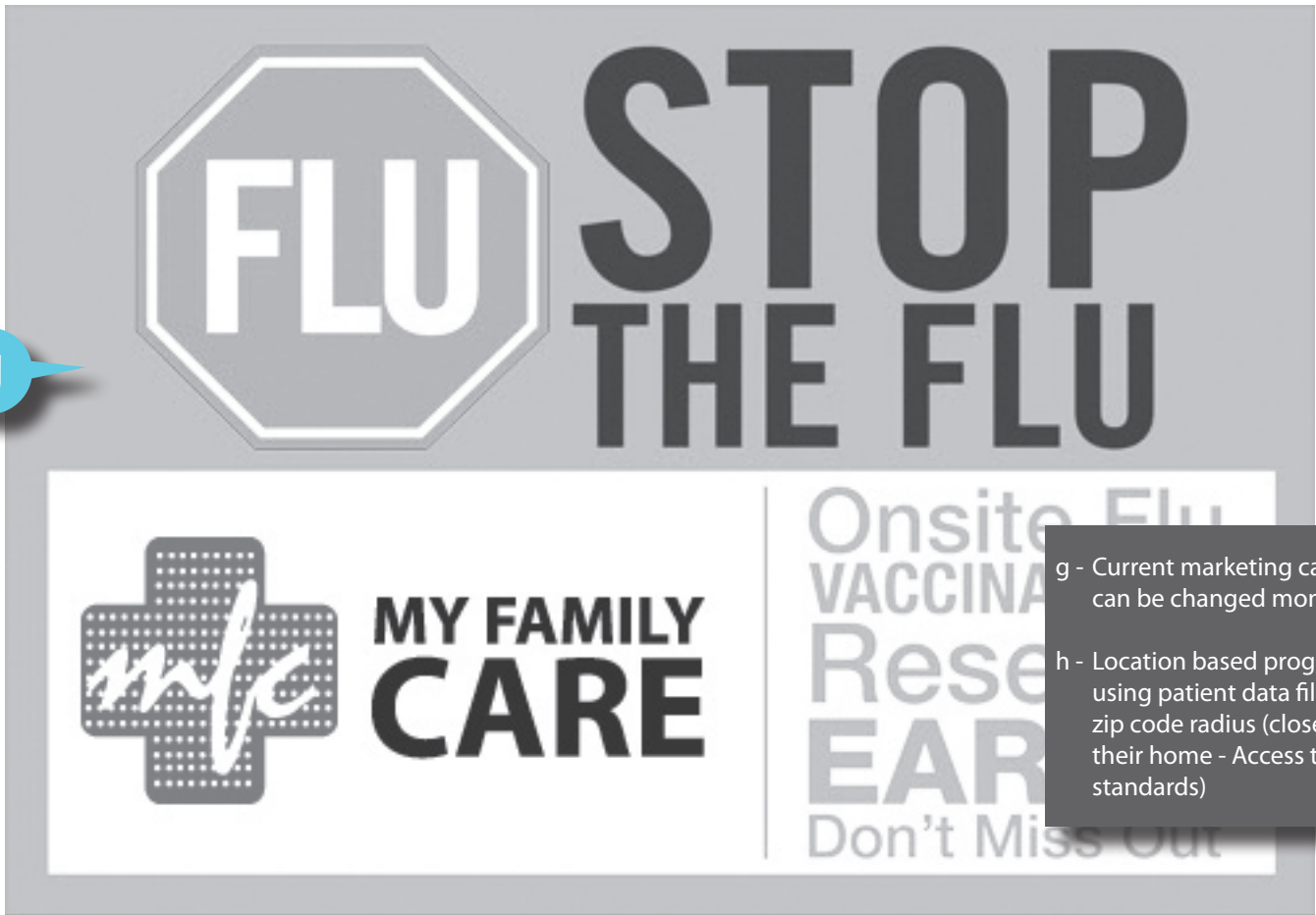
f

Gracias por su negocio. El balance es debido A LA RECEPCIÓN
 PARA PAGOS CON TARJETA DE CRÉDITO VISITA: www.myfamilycare.com

ABOUT YOU:		
YOUR NAME		
MAILING ADDRESS		
CITY	STATE	ZIP
HOME TELEPHONE	MARITAL STATUS	<input type="checkbox"/> Separated
	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced
	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed
EMPLOYER'S NAME	TELEPHONE NUMBER	
EMPLOYER'S ADDRESS		
CITY	STATE	ZIP

PLEASE PROVIDE A COPY OF YOUR INSURANCE CARD.

ABOUT YOUR INSURANCE:	
YOUR PRIMARY INSURANCE COMPANY'S NAME	
PRIMARY INSURANCE COMPANY'S ADDRESS	TELEPHONE NUMBER
CITY	STATE ZIP
POLICY HOLDER'S ID NUMBER	GROUP PLAN NUMBER
SECONDARY INSURANCE COMPANY'S NAME	
SECONDARY INSURANCE COMPANY'S ADDRESS	TELEPHONE NUMBER
CITY	STATE ZIP
POLICY HOLDER'S ID NUMBER	GROUP PLAN NUMBER



g - Current marketing campaign can be changed monthly

h - Location based programming using patient data file and zip code radius (closest to their home - Access to care standards)



Flu shot locations nearest to you are Leeds, Moody or Irondale. Visit our website at www.myfamilycare.com for more information!