

STATEMENT



1825 Hwy 34 E Suite 2600
Newnan GA 30265

Phone: 888-224-5030

Statement ID: 0000000000

COMPLETE AND RETURN IF PAYING BY CREDIT CARD.




CARD NUMBER	SECURITY CODE
NAME ON CARD (PLEASE PRINT)	EXP. DATE
SIGNATURE	AMOUNT

STATEMENT DATE	ACCOUNT #	AMOUNT DUE
04/02/24	0000000	\$ 0.00



00001



 John Doe
123 Main Ave.
Cleveland OH 44140

MAKE CHECK PAYABLE AND REMIT TO:



University Hospitals Urgent Care by Wellstreet
PO Box 440219
Nashville TN 37244

DETACH TOP PORTION AND RETURN WITH PAYMENT IN ENCLOSED ENVELOPE

Date	AR Status	ID	Doctor	Description	Charges	Credits	Balance
11/14/23	97	92772	BEACHWOOD	Office Visit	\$ 0.00	\$0.00	\$ 0.00

Account Information

Statement Date: 04/02/2024
 Patient ID: 0000000
 Patient: John Doe
 Patient Balance: \$ 0.00

DUE NOW

\$ 0.00

Pay Online at
<https://www.uhurgentcare.org/paybill>
 Using your Account# and Statement ID: 0000000000
 Mail Top Portion and Credit Card Info or Payment
 Call Us Direct at (888) 224-5030 or Email: uhbilling@wellstreet.com

AR Status Legend
0 - 60 : Current

61 - 90 : Past Due 91 - 120 : Final Notice 121+ : Collections
This is a Final Notice, Please Pay Immediately