



Statement Date	03/02/20
Amount Due	486.00
Guarantor Account Number	2360

00000000236000004860043

Forwarding Service Requested

ADDRESSEE	PLEASE MAKE CHECKS PAYABLE AND REMIT TO
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Sample Statement
123 Main Street
HAMMOND, LA 70403

NORTH OAKS HEALTH SYSTEM
PO BOX 1579
HAMMOND LA 70404-1579

Please check box if address is incorrect or insurance information has changed and indicate changes on reverse side
Please detach and return top portion with payment. Do not Staple or use paper clips.

Physician Services

Date	Description	Billed	Pmts/Adjs	Patient Balance
Ducombs, Jherie, MD in North Oaks Cardiology Clinic				Acct #1017220
Statement, Sample				
02/25/20	Services <i>Office / Outpatient Visit, Established, Level 1</i>	128.00		
	Your Responsibility			128.00

Hospital Services

Date	Description	Billed	Pmts/Adjs	Patient Balance
North Oaks Outpatient Diagnostic Center				Acct #1017221
Statement, Sample				
02/25/20	Services <i>Radiology - Diagnostic</i>	358.00		
	Your Responsibility			358.00

This billing statement represents hospital and physician charges for North Oaks Health System.

NOTICE: THIS IS A BILL. YOU OWE THE AMOUNT SHOWN.

Thank you for choosing North Oaks Health System for you and your family's health care. Please contact a Financial Assistance Specialist with questions at (985) 230-2580 between the hours of 7:00 a.m. and 6:00 p.m., Monday through Friday. For your convenience, you can now pay your Hospital bill online through your **North Oaks myChart** account or at <https://mychart.northoaks.org>