

Payment Due

Hi Statement, your balance of \$168.00 is due.

Thank you for your prompt payment.

Note From Your Practice

Summary

You have been billed for 1 service. This balance is your responsibility.

Original Cost:	\$168.00
Amount due:	\$168.00

Details on back >



Questions? Call us at **618-769-3360**
Reference your ID: **399393A27782**

Pay Online

In partnership with



Go to payment.athenahealth.com
Enter your code: HY29-K1M7-RRX-21W3

View bill breakdown, see past payments, and print itemized receipts.

or



Scan this code for quick access

Don't want to type your code? No problem. Scan this code with your phone to access your bills.

Prefer to pay by check? Detach the slip below and include your payment. **No cash, stapled checks, or other paper.** Thank you!



DEACONESS ILLINOIS CLINIC, INC.
PO BOX 14099
BELFAST, ME 04915

Make checks payable to: DEACONESS ILLINOIS CLINIC, INC.

1. Fill out the amount enclosed below.
2. Place in provided envelope and mail.

Patient Account #	Amount Enclosed
399393A27782	

STATEMENT TESTING
555 ADDRESS
MARION IL 62959



DEACONESS ILLINOIS CLINIC, INC.
ATTN # 34156C
PO BOX 14000
BELFAST ME 04915-4033

Here are your bill details

Patient: **Statement Testing**

ID# 399393A27782

Statement Date: **12/14/23**

Bill for your visit with **Nicole Kennedy, MD** at **Deaconess IL Clinic Bailey Ln Suite Fon 11/29/23**

Service	Initial Cost	Insurance Adjustment	Insurance Paid	You Paid	You Owe
OFFICE/OUTPATIENT VISIT EST	\$168.00	-	-	-	\$168.00

Total Balance Due:

\$168.00

Sign up for e-Statements



They're convenient, secure, and better for the environment.



Scan this QR code with your phone to sign up
OR check the box when you pay online today!

Create a portal account today



Review detailed bill breakdowns, payment history, and contact us securely.

Go to <https://27782-1.portal.athenahealth.com/>
to create an account today!

Need to Update Any of Your Personal Information?

You can make updates to contact information directly on the patient portal after creating an account. Please call us at 618-769-3360 to update insurance information.

Any dispute regarding this statement or any amounts due must be submitted in writing to: P.O. Box 19000, Belfast, ME 04915-4085

Submitting payment in an amount less than the total on this statement shall not constitute an offer to settle any dispute, regardless of any accompanying communication.