



[Redacted]

Elmsford, NY 10523

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[Redacted]

[Redacted]



You may contact Joseph Howard at the phone number above. If Mr. Howard is unavailable, another representative will answer your call to assist you between the hours of 8:30AM - 8PM Mon. - Fri.

June 6, 2016

Dear [Redacted]

In previous correspondence, we informed you of your obligation to pay the \$814.60 you owe to our client, [Redacted] for the following charges:

Date of Service	Account Number	Balance
[Redacted]	[Redacted]	\$814.60

The amount of money involved is \$814.60. If you have insurance, we will not accept your claim form. It is your responsibility to make full payment. Any insurance claim is your responsibility to negotiate with your carrier. Mail your payment to us with the bottom of this letter.

SERIOUSLY PAST DUE

SEE REVERSE SIDE FOR IMPORTANT INFORMATION.

Detach and return this portion with payment using enclosed envelope. L2M-H - RMCB.WFD - 652218 - 00017393 - 1 of 1

Amount Due: \$814.60

To pay online: www.pay.amcaonline.com

VISA MASTERCARD DISCOVER

Card #: [Redacted]

Exp. Date: [Redacted] Amount: [Redacted]

Signature: [Redacted]

Client Code: [Redacted] Account: [Redacted]

Pin Number: [Redacted]



AMCA

ELMSFORD, NY 10523-0935

You Owe: [Redacted]

Charge Date: SEE ABOVE

Account Number: [Redacted]

Pin Number: [Redacted]

Name: [Redacted]

Street Address: [Redacted]

City, State Zip: [Redacted]

[Redacted]