

nd Cornell

75

<b>1 Patient Name</b>		<b>2 Account Number</b>	
[REDACTED]		[REDACTED]	
REF#	[REDACTED]	MRN#	[REDACTED]
<b>3 Service Date(s) From / Through</b>		<b>4 Statement Date</b>	<b>Page</b>
01/14/15		02/18/15	

plete this section



AMEX

CVV

**6** This is the current insurance information on file  
*Please review and make corrections on the back of this form*

**Insurance Name**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**7 CHECK/M.O.**

**ACCT. BALANCE**

\$ 705.22

**AMT. ENCLOSED**

\$ \_\_\_\_\_

653585A (PC1)

**9**

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