Cornell

[redacted]

e this section

AMERICAN EXPRESS ☐ AMEX

CVV

1 Patient Name [redacted]

2 Account Number [redacted]

REF# [redacted]

MRN# [redacted]

3 Service Date(s) From / Through	4 Statement Date	Page
01/14/15	02/16/15	

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

$ $450.60

AMT. ENCLOSED

$

653585A (PC1)

9

NEWYORK-PRESBYTERIAN HOSPITAL
PO BOX 9305
NEW YORK, NY 10087-9305

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