The University Hospital of Columbia and Cornell
PO Box 3475 • Toledo OH 43607-0475

REF# 1501235948O | MRN# 74751028

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

002762
0101

5 If paying by CREDIT CARD, please complete this section

☐ MASTERCARD ☐ VISA ☐ AMEX

Card # _____ CVV _____

Exp. Date _____ / _____ AMT Authorized $ _____ . ___

Cardholder Name _____

Signature _____

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)

8
JULIA CUOMO
[redacted]

9
NEWYORK-PRESBYTERIAN HOSPITAL
PO BOX 9305
NEW YORK, NY 10087-9305

1501235948000000450600A2

PLEASE RETURN TOP PORTION WITH PAYMENT

10 Account Number	11 Patient Name	12 Service Date(s)	13 Statement Dt	Page
[redacted]	CUOMO, JULIA	01/14/15	02/16/15	1

14 Date(s)	15 Description	16 Charges	17 Payments/Adj's
01/14/15	Laboratory Services	450.60	

000007603-A

NewYork-Presbyterian
The University Hospital of Columbia and Cornell

For questions about your bill call: 1-866-252-0101 | Column Totals: 450.60

Visit Us at http://www.nyp.org/billing

18 Account Balance: **$450.60**

***IF YOU ARE EXPERIENCING FINANCIAL HARDSHIP** AND ARE UNABLE TO PAY THIS BILL, CHARITY CARE/FINANCIAL AID MAY BE AVAILABLE IF YOU QUALIFY. PLEASE CONTACT US AT 866-252-0101 TO OBTAIN INFORMATION ABOUT CHARITY CARE/FINANCIAL AID AND HOW TO APPLY FOR IT.*

IF YOU DO NOT SUBMIT A COMPLETED APPLICATION FOR CHARITY CARE/FINANCIAL AID AND YOUR ACCOUNT FOR HOSPITAL SERVICES RENDERED REMAINS OUTSTANDING FOR AT LEAST FORTY-FIVE (45) DAYS, WE MAY OBTAIN REPORTS FROM CREDIT OR SPECIALTY REPORTING AGENCIES TO ASSIST IN DETERMINING YOUR ELIGIBILITY FOR CHARITY CARE/FINANCIAL AID.

THIS STATEMENT IS FOR HOSPITAL SERVICES ONLY. YOU MAY RECEIVE SEPARATE STATEMENTS FOR PHYSICIAN SERVICES.

THE AMOUNT SHOWN REPRESENTS YOUR ACCOUNT BALANCE FOR SERVICES RENDERED. IF YOU HAVE ANY QUESTIONS OR ADDITIONAL INSURANCE INFORMATION, PLEASE CONTACT OUR REPRESENTATIVE AT THE NUMBER LISTED ABOVE.

2812-NYPSTM2-2547671-1880265177-P; 11658830-1-2498; 35703397-1; 1