



Patient Name	Service Dates	Page
CLAUDE SIMON	07/05/14	
Charges	Adjustments	Payments
\$1223.75	\$-343.18	\$0.00

IF PAYING BY CREDIT CARD, FILL OUT BELOW

CARD NUMBER		EXP. DATE	
SIGNATURE			
STATEMENT DATE 08/08/14	AMOUNT YOU OWE \$200.00	DUE DATE UPON RECEIPT	
ACCOUNT NUMBER 2000215184	AMOUNT PAID \$		

To Pay your bill online, please visit [www.crmcnyc.org](http://www.crmcnyc.org)



CLAUDE SIMON  
71 TONJES RD  
CALLICOON NY 12723-5729

CATSKILL REGIONAL MEDICAL CENTER  
PO Box 800  
Harris, NY 12742



SEPARATE AND RETURN TOP PORTION WITH YOUR PAYMENT

Account Number	Patient Name	Service Date(s)	Statement Dt	Page
2000215184	CLAUDE SIMON	07/05/14	08/08/14	

Pharmacy	\$ 18.75
Emergency Room	\$ 1150.00
EKG/ECK/EEG	\$ 55.00

Original Billed Amount:	\$1223.75
Total Insurance Paid:	\$-680.57
Total Adjustments:	\$-343.18
Patient Payments:	\$0.00
Patient Responsibility:	\$200.00

*pl*  
*9-4-14*

For questions concerning your bill, please call 845-794-3333.

**Amount Due from Patient:** \$200.00

For patients covered by health care plans, the out of pocket rate for services are determined by the specific policy or negotiated contracts. For uninsured patients, the hospital will discount charges to a self pay rate.

If further assistance is needed, the Financial Aid Program is available to qualified applicants. For more information please call us at the number listed.

This bill is for hospital charges only; physician services may be billed separately.

For the health of our patients, employees, and visitors, Catskill Regional Medical Center is entirely smoke free in all buildings, grounds, and parking lots.

Catskill Regional Medical Center is dependent upon your prompt payment. Please make your payment today.

