



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

007808


 CLAUDE SIMON
 71 TONJES RD
 CALICOON NY 12723-5729


IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CARD NUMBER		EXP. DATE
SIGNATURE		
STATEMENT DATE	AMOUNT YOU OWE	DUE DATE
08/08/14	\$200.00	UPON RECEIPT
ACCOUNT NUMBER		AMOUNT PAID
2000215184		\$

 To Pay your bill online, please visit www.crmcny.org

 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.

