



Encounter Summary

Account Name	FOUREDTRANSFER PMCSIONE
Encounter Number	5000010659
Total Charges	\$8,292.81
Patient Payments/Adjustments	\$0.00
Total Insurance Payments	\$0.00
Total Insurance Adjustments	\$0.00
Due Date	04/26/2024

Patient Balance **\$8,292.81**

Messages

The insurance you provided us has paid its portion of this account. The balance remaining is your responsibility and is now due in full.

**Amount Due:
\$8,292.81**

Online Bill Pay

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www.camc.org/paymybill

Additional Information



Thank you for being a patient with us!

The person responsible for this bill may be entitled to financial assistance that reduces the amount owed or eliminates it entirely depending on the responsible person's income level and assets.



If you would like to get more information about CAMC's Financial Assistance Program or to make payment arrangements, please contact Customer Service by calling **304-388-7530** or visiting our website at www.CAMC.org.



Make a one-time payment online!

www.camc.org/paymybill



Patient Statement

- For help with billing questions, please call: (304) 388-7530
Office Hours: 8:00AM-4:30PM Mon-Fri

ADDRESSEE:



FOUREDTRANSFER PMCSIONE
5610 SOUTH BEND RD,
KENNA WV 25248

Account Name: **FOUREDTRANSFER PMCSIONE**

Encounter Number: **5000010659**

Due Date: **04/26/2024**

Amount Due: **\$8,292.81**

Amount Paid: **\$ _____**

MAKE CHECKS PAYABLE AND REMIT TO:



CHARLESTON AREA MEDICAL CENTER
PO BOX 37819
BALTIMORE MD 21297-7819



Date	Service Description	Charges	Payments/ Adjustments	Patient Balance
	Date of Service (02/27/24) FOUREDTRANSF PMCSIONE <i>Encounter #: 5000010659</i> EMERGENCY ROOM LABORATORY PHARMACY RADIOLOGY RESPIRATORY THERAPY Patient Balance	\$2,559.00 \$818.00 \$1.81 \$2,211.00 \$2,703.00		\$8,292.81

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Encounter Summary

Account Name	TWOEDOBSIP PMCSIONE
Encounter Number	5000010507
Total Charges	\$8,166.97
Patient Payments/Adjustments	\$0.00
Total Insurance Payments	\$0.00
Total Insurance Adjustments	\$0.00
Due Date	04/26/2024

Patient Balance **\$8,166.97**

Messages

The insurance you provided us has paid its portion of this account. The balance remaining is your responsibility and is now due in full.

**Amount Due:
\$8,166.97**

Online Bill Pay

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Additional Information



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Patient Statement

- For help with billing questions, please call: (304) 388-7530
Office Hours: 8:00AM-4:30PM Mon-Fri

ADDRESSEE:



TWOEDOBSIP PMCSIONE
310 LIBERTY SQUARE DR,
HURRICANE WV 25526

Account Name: TWOEDOBSIP PMCSIONE

Encounter Number: 5000010507

Due Date: 04/26/2024

Amount Due: \$8,166.97

Amount Paid: \$ _____

MAKE CHECKS PAYABLE AND REMIT TO:



CHARLESTON AREA MEDICAL CENTER
PO BOX 37819
BALTIMORE MD 21297-7819



Date	Service Description	Charges	Payments/ Adjustments	Patient Balance
	Date of Service (02/26/24 - 02/28/24) TWOEDOBSIP PMCSIONE <i>Encounter #: 5000010507</i> EMERGENCY ROOM LABORATORY PHARMACY RADIOLOGY Patient Balance	\$2,892.00 \$2,394.00 \$181.97 \$2,699.00		\$8,166.97

The person responsible for this bill may be entitled to financial assistance that reduces the amount owed or eliminates it entirely depending on the responsible person's income level and assets.

If you would like to get more information about CAMC's Financial Assistance Program, please contact us by calling the Customer Service Help Line at **304-388-7530** or visiting our Website at www.CAMC.org.



**Amount Due:
\$15,451.34**

Encounter Summary

Account Name	THREEEDOBS PMCSIONE
Encounter Number	5000010508
Total Charges	\$15,452.34
Patient Payments/Adjustments	\$0.00
Total Insurance Payments	\$0.00
Total Insurance Adjustments	-\$1.00
Due Date	04/26/2024

Patient Balance **\$15,451.34**

Messages

The insurance you provided us has paid its portion of this account. The balance remaining is your responsibility and is now due in full.



Patient Statement

- For help with billing questions, please call: (304) 388-7530
Office Hours: 8:00AM-4:30PM Mon-Fri

ADDRESSEE:



THREEEDOBS PMCSIONE
2700 MOUNTAINEER BLVD
S CHARLESTON WV 25309-9442

0100070000000200000015451342

Online Bill Pay

A fast, convenient way
to manage your bill



www.camc.org/paymybill

Additional Information



Thank you for being a patient with us!

The person responsible for this bill may be entitled to financial assistance that reduces the amount owed or eliminates it entirely depending on the responsible person's income level and assets.



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Make a one-time payment online!

www.camc.org/paymybill

Account Name:

THREEEDOBS
PMCSIONE

Encounter Number:

5000010508

Due Date:

04/26/2024

Amount Due:

\$15,451.34

Amount Paid:

\$ _____

MAKE CHECKS PAYABLE AND REMIT TO:



CHARLESTON AREA MEDICAL CENTER
PO BOX 37819
BALTIMORE MD 21297-7819



Date	Service Description	Charges	Payments/ Adjustments	Patient Balance
3/19/24	Date of Service (02/26/24 - 02/27/24) THREEEDOBS PMCSIONE <i>Encounter #: 5000010508</i> CARDIOLOGY EMERGENCY ROOM LABORATORY PHARMACY RADIOLOGY ROOM & BOARD Other credit adjustment Patient Balance	\$2,532.00 \$6,049.00 \$2,227.00 \$248.34 \$4,318.00 \$78.00	-\$1.00	\$15,451.34

The person responsible for this bill may be entitled to financial assistance that reduces the amount owed or eliminates it entirely depending on the responsible person's income level and assets.

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Encounter Summary

Account Name	CINDY ZZTEST
Encounter Number	5000010103
Total Charges	\$1,455.00
Patient Payments/Adjustments	\$0.00
Total Insurance Payments	-\$10.00
Total Insurance Adjustments	-\$20.00
Due Date	04/26/2024

Patient Balance **\$1,425.00**

Messages

We did not receive a payment from you. Please contact the billing office or make a payment in full.

**Amount Due:
\$1,425.00**

Online Bill Pay

A fast, convenient way to manage your bill



www.camc.org/paymybill

Additional Information



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If you would like to get more information about CAMC's Financial Assistance Program or to make payment arrangements, please contact Customer Service by calling **304-388-7530** or visiting our website at www.CAMC.org.



Make a one-time payment online!

www.camc.org/paymybill

Patient Statement

 For help with billing questions, please call:
(304) 388-7530
Office Hours: 8:00AM-4:30PM Mon-Fri

ADDRESSEE:



CINDY ZZTEST
1200 J D ANDERSON DR
MORGANTOWN WV 26505-3494

Account Name: CINDY ZZTEST
Encounter Number: 5000010103
Due Date: 04/26/2024
Amount Due: \$1,425.00
Amount Paid: \$ _____

MAKE CHECKS PAYABLE AND REMIT TO:



CHARLESTON AREA MEDICAL CENTER
PO BOX 37819
BALTIMORE MD 21297-7819



Date	Service Description	Charges	Payments/ Adjustments	Patient Balance
2/16/24	Date of Service (02/16/24) CINDY ZZTEST <i>Encounter #: 5000010103</i> ANESTHESIA Medicare payment Contractual Allowance Adjustment Patient Balance	\$1,455.00	-\$10.00 -\$20.00	\$1,425.00

The person responsible for this bill may be entitled to financial assistance that reduces the amount owed or eliminates it entirely depending on the responsible person's income level and assets.

If you would like to get more information about CAMC's Financial Assistance Program, please contact us by calling the Customer Service Help Line at **304-388-7530** or visiting our Website at www.CAMC.org.