



**Plateau
Medical Center**

Vandalia Health

PO BOX 3229 CHARLESTON WV 25332

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
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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

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.



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



**Plateau
Medical Center**

Vandalia Health

PO BOX 3229 CHARLESTON WV 25332

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: FOUREDTRANSFE
R 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

010007000000003000000008292810



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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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**.

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.

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PO BOX 3229 CHARLESTON WV 25332

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.



**Plateau
Medical Center**

Vandalia Health

PO BOX 3229 CHARLESTON WV 25332

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

Amount Due:
\$15,451.³⁴

Online Bill Pay

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Additional Information



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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

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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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**Plateau
Medical Center**

Vandalia Health

PO BOX 3229 CHARLESTON WV 25332

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
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Messages

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



**Plateau
Medical Center**

Vandalia Health

PO BOX 3229 CHARLESTON WV 25332

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

Amount Due:
\$1,425.00

Online Bill Pay

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to manage your bill



www.camc.org/paymybill

Additional Information



Thank you for being a patient with us!

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Make a one-time payment online!

www.camc.org/paymybill

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

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