

Encounter Summary

Account Name	OCCURONERVW ZZREVELATE
Account Number	606
Guarantor ID	70000000268
Statement Number	20123
Total Charges	\$161.00
Patient Payments/Adjustments	\$0.00
Insurance Payments/Adjustments	\$0.00
Due Date	01/29/2024
Patient Balance	\$161.00

Messages

We did not receive a payment from you. Please send payment in full or contact the Customer Service Help Line at 304-388-7530 to make payment arrangements.

Patient Statement

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

ADDRESSEE:


 OCCURONERVW ZZREVELATE
 8779 HILLCREST RD
 KANSAS CITY MO 64138-2700

01000000002012300000000161009

**Amount Due:
\$161.00**

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

Account Name:	OCCURONERVW ZZREVELATE
Statement Number:	20123
Due Date:	01/29/2024
Amount Due:	\$161.00
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	Insurance Balance	Patient Balance
4/25/23 11/30/23 11/30/23	Date of Service (2023/04/25 - 2023/04/25) OCCURONERVW ZZREVELATE <i>Encounter #: 5000002131 Provider: Cara Michelle Dials</i> CBC w/ Diff Balance Transfer from payer Balance Transfer To Guarantor Patient Balance	\$161.00	-\$161.00 \$161.00		\$161.00

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