

Phone: 844/663-6206  
 Fax: 616/954-2800  
 Website: www.mymedicalme.com  
 Hours: Mon - Fri | 8:00am - 10:00pm Eastern  
 Sat | 9:00am - 2:00pm Eastern

ID Number  
 Name  
 Statement Date  
 Statement Number

**PLEASE SEE PAGE 2 FOR IMPORTANT INFORMATION**  
 Thank you for selecting Cortland Regional Medical Center. Please review the charge detail listed below and, if you have questions or to request information regarding our Financial Aid Program, please contact us at 607-756-3838.

This statement contains services rendered by CORTLAND REGIONAL MEDICAL CENTER.

**Statement Summary**

	Total Payoff	Min Due
Accounts on Payment Plans (0)		
Accounts Not on Payment Plans (1)		

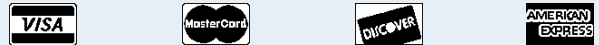
**TOTAL MIN AMOUNT DUE\***

4/20/2017

PLEASE SEE FOLLOWING PAGE(S) FOR ACCOUNT DETAIL

**Payment Options**

We gladly accept checks and the following major credit cards:



Pay Online  
 www.mymedicalme.com

Pay by Mail  
 • Include your "ID Number" on your check  
 • Make checks payable to:  
 CORTLAND REGIONAL MEDICAL CENTER  
 • Include payment stub below in envelope provided

Pay by Phone  
 • Call toll free: 844/663-6206

Fee Disclosures: Please note payment is due in full by the due date listed. Your account is not currently in default. Monthly service fees may be assessed after the due date for your balance that is not paid in full. Service fees are waived for auto-debit payment plans. Late fees may apply. Please see the detailed account information on subsequent pages and the "Payment Assistance" section below for more information. If payment is returned for any reason, a \$20.00 fee will be added to your account. Fees are subject to change without notice.  
 \*Payment Plans: If you are unable to pay accounts not on payment plans in full, you must contact us toll free at 844/663-6206 to establish terms of a payment plan. Minimal fees may apply. Service fees are waived for auto-debit payment plans. Reasonable monthly payment plans can be arranged, but we must receive communication from you to establish terms. A servicing agent can assist you with adding new charges to existing payment plans. A servicing agent may contact you directly if full payment or payment plan arrangements are not made by the due date.

DETACH HERE AND RETURN THIS BOTTOM PORTION WITH YOUR PAYMENT USING THE RETURN ENVELOPE ENCLOSED

PO BOX 120153  
 GRAND RAPIDS MI 49528-0103

Phone: 844/663-6206  
 Hours: Mon - Fri | 8:00am - 10:00pm Eastern; Sat | 9:00am - 2:00pm Eastern

ID Number	Statement Number	
	1	
Min Amt Due	Due Date	Amt Enclosed
	4/20/2017	

**MAKE CHECK PAYABLE & REMIT TO:**

CORTLAND REGIONAL MEDICAL CENTER  
 PO BOX 88087  
 CHICAGO IL 60680-1087

Details for services rendered by CORTLAND REGIONAL MEDICAL CENTER.

**Accounts Not on Payment Plans:**

- Account Number: - charges associated with account:

Note: This account is current and is due on 4/20/2017.

Patient Name:		Physician Name:	
Service Date: Visit #		Location: CORTLAND REGIONAL MEDICAL CENTER	
Patient Services Provided			Amount
History Detail	Date	Description	Pmts/Adj/Fees
Summary for this visit	Amount	Insurance	
Orig Balance			
Pmts/Adj/Fees			
Charge Payoff			

Total Account Payoff:  
 Min Amt Due:  
 unless a payment plan is established