



24/7 ACCESS



PAY ONLINE
www.mymedpayment.com/brooklyn



BY PHONE
at 888-605-7180



OR BY MAIL
Use payment coupon below

PO Box 8770
Coral Springs, FL 33075

SUMMARY OF ACCOUNTS

Service Date	Account Number	Balance
06/16/21	123456789	\$250.00
Total Balance Due:		\$250.00

ACCOUNT SUMMARY

PATIENT NAME: TEST PATIENT
STATEMENT ID: 99578802
ACCOUNT NUMBER: 123456789
BALANCE DUE: \$250.00

ACCOUNT STATUS Statement Date - MAR 28 2023

Your account has a balance of \$250.00. If you are unable to pay this amount in full, or have any questions, please contact Patient Financial Services.

If you have insurance coverage, please contact us immediately so that we can bill your carrier for you.

Current Payment Arrangements

DUE UPON RECEIPT

IMPORTANT INFORMATION

Make checks payable (and mail) to:
The Brooklyn Hospital Center
PO Box 13572
Philadelphia, PA 19101-3572

Federal guidelines prohibit us from disclosing any account information if you are not the patient or authorized representative. In order to discuss such information, the patient or authorized representative must provide consent.

CONTACT INFORMATION

Patient Financial Services: (Toll Free) 1-888-605-7180
Hours: Mon. - Thurs. 8:00am - 9:00pm,
Fri. 8:00am - 5:00pm EST

To check your balance, make a payment, or request an itemized statement, 24 hour access is available through our automated system (Toll Free) 1-888-605-7180 OR www.mymedpayment.com/brooklyn

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT IN THE ENVELOPE PROVIDED

USPS USE ONLY
c/o The Brooklyn Hospital Center
PO Box 8770
Coral Springs, FL 33075

PATIENT NAME: TEST PATIENT
STATEMENT ID: 99578802
ACCOUNT NUMBER: 123456789
BALANCE DUE: \$250.00
ENCLOSED: \$ _____

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Test Patient T1 P1
118 Lukens Dr
New Castle DE 19720



The Brooklyn Hospital Center
PO Box 13572
Philadelphia, PA 19101-3572



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