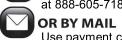


ACCESS

PAY ONLINE www.mymedpayment.com/brooklyn





at 888-605-7180 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: \$

-ի-ի-իկեսելիկի-լվիլի-կիիկիիևեր-ի-իիկեկեն-ներ

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

Test Patient T1 P1 118 Lukens Dr New Castle DE 19720

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