



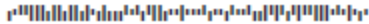
# Mount Desert Island Hospital

10 WAYMAN LANE | PO BOX 8 | BAR HARBOR ME 04609

## Hospital Statement

For help with billing questions, please call:  
(207) 607-5644  
Hours: Monday-Friday, 8:00am - 8:00pm EST

### Addressee



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### IF PAYING BY CREDIT CARD, FILL OUT BELOW

CHECK CARD USING FOR PAYMENT

CARD NUMBER: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

Account Number	Due Date	Amount Due	Amount Paid
	10/13/2021	\$958.00	\$

### Please make checks payable and remit to:

MOUNT DESERT ISLAND HOSPITAL  
10 WAYMAN LANE  
PO BOX 8  
BAR HARBOR ME 04609

Please detach and return top portion with payment.

Account Number	Guarantor Name	Statement Date	Due Date
		09/29/2021	10/13/2021

Date	Service Description	Status	Charges	Payments/Adjustments	Patient Balance
08/12/2021	111 PHYSICAL THERAPY		\$2,044.00		
	PT EVAL OR RE-EVAL		\$239.00		
	<b>Total Charges</b>		<b>\$2,283.00</b>		
	<b>Total Payments/Adjustments</b>			<b>\$1,325.00</b>	
	<b>Total Patient Balance</b>				<b>\$958.00</b>

### MESSAGES

Thank you for choosing Mt. Desert Island Hospital for your health care needs. Please remit the balance due upon receipt. If you would like to discuss payment arrangements or inquire about financial assistance, please call our office at 207-607-5644. Thank you.

Total Charges: .....\$2,283.00  
Insurance Payments/Adjustments:.....\$1,325.00  
Patient Payments/Adjustments: .....\$0.00

**AMOUNT DUE: \$958.00**