



PO Box 8
 Bar Harbor, ME 04609-0008
 For Billing Questions, Call: 207-288-5082 x1800

MEDICAL BILL

GUARANTOR NAME [REDACTED]
 ACCOUNT NO. [REDACTED]
 STATEMENT DATE 12/16/2020
 PATIENT BALANCE \$259.00

Due Upon Receipt \$259.00

Did you know you can pay online? www.mdihospital.org/billpay

Date of Service	Service Provider	Patient Name	Insurance	Patient Balance
08/02/2018	Grace L Price MD	[REDACTED]	\$.00	\$259.00

Total: **\$.00 \$259.00**

Payment Options

Mail
Use stub below

Phone: 207-288-5082 x1800

Online:
www.mdihospital.org/billpay

10382-CPSSTMTS-289412-6287946-; 139754-1-1; 30152636-2;

TO ENSURE PROPER CREDIT DETACH AND RETURN THIS PORTION IN THE ENCLOSED ENVELOPE

850329 (PC2)

Mount Desert Island Hospital
 PO Box 8
 Bar Harbor, ME 04609-0008



Account Number	Statement Date	Amount Due
[REDACTED]	12/16/2020	\$259.00
Amount Paid		

Or pay online: www.mdihospital.org/billpay

RETURN SERVICE REQUESTED

Check box and see reverse for change of address/insurance information



0202



MOUNT DESERT ISLAND HOSPITAL
 PO BOX 8
 BAR HARBOR, ME 04609-0008

