

01/23/17 Account No: RPS174274
 Billing Statement For: Numero De Cuenta:
 Jeffrey Conley Page Number: 1 of 2

For care received at: Lewisgale Medical Center
Provided by Roanoke Physician Services, LLC

This is your Emergency Room Physician's bill which is separate from your hospital bill. Currently you do not have insurance on file therefore the balance is now your responsibility. For a summary of charges, please see the back of this statement.

Patient: Jeffrey Conley
 Acct No / Numero De Cuenta: RPS174274
 Insurance On File:

How to reach us:



For credit card and electronic check payments visit: www.PaymentsMD.com



Toll Free: 888-432-5047
 Para preguntas, por favor llame al 866-822-3370



Have questions or inquiries? Please email us at eresolution@paymentsmd.com

What you owe now: \$787.00

YOUR PAYMENT IS NOW DUE.

If you are unable to make payment in full, please arrange to pay 25% of your account balance.

Please take to HR

000007858-A



3691-APOLLOSTM-3369860-2331550467-P; 16141395-1-891; 38084947-1; 1

Detach and return bottom portion with payment. Please make checks payable to Roanoke Physician Services, LLC and write your account number on the check.

654770B (PC2)

Return Mail Processing Center
 PO Box 3475
 Toledo, OH 43607-0475
 Do Not Send Payments or Correspondence To This Address



RETURN SERVICE REQUESTED



New Address? Check here and write your new address on the back

003521
0101

JEFFREY B CONLEY
 72 PINWOOD LN
 TROUTVILLE, VA 24175-6470

For online payments visit www.PaymentsMD.com			
CHECK #	CHECK CARD USING FOR PAYMENT		
CARD NUMBER	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA
AUTHORIZED SIGNATURE			
WRITTEN NAME		EXPIRATION DATE	
3-DIGIT VIN	PATIENT NAME	BILLING ZIP	DUE DATE
	Jeffrey Conley		On Receipt
ACCOUNT #	STATEMENT DATE	AMOUNT PAID	AMOUNT DUE
RPS174274	01/23/17		\$787.00

A NSF fee of \$35.00 for returned checks will be assessed to your account.

RPS-SI

ROANOKE PHYSICIAN SERVICES, LLC
 Mailstop: 42190484
 PO BOX 660827
 DALLAS, TX 75266-0827

42190484800000000000000000000000RPS1742740123201700000787001

Lewis-Gale Medical Center
P.O. Box 13620
Richmond VA 23225-8620

January 17, 2017

JEFFREY BROGAN CONLEY
72 PINWOOD LANE
TROUTVILLE, VA 24175

TAKE TO HR

Patient Name: JEFFREY BROGAN CONLEY
Patient Account#: ~~50020433157~~
Service Date: 01/12/2017 - 01/12/2017

Dear JEFFREY BROGAN CONLEY:

We want to thank you for your recent visit to Lewis-Gale Medical Center.

The total charge for this visit is \$1524.00. Our records show you do not have insurance to cover this cost. It may be possible for you to get coverage under the state's Medicaid program.

Please call us today at the phone number below so we can help you with the process.

Medicaid Eligibility Vendor
7300 Beaufont Springs Drive
Attn: VCM
RICHMOND, VA 23225
866-272-2892

Sincerely,

Financial Counselor
Lewis-Gale Medical Center