

THE
University of Vermont
MEDICAL CENTER

Facility Bill

You may also get a Physician or Anesthesia bill.

① Why? See reverse side.

Patient Name **GEARY, SEAN P**
Account Number **HA503946**
Statement Date **03/11/19**
Insurance On File **VT HEALTH PARTNERSHIP**

Summary

See following pages for detailed charges.

Billed Charges **\$59.00**

Insurance Payments &
Other Reductions **\$0.00**

Your Previous Payments **\$0.00**

Amount Due
by **04/05/19**

\$59.00

Minimum Payment

\$50.00

② What's this? See reverse side.

*Talked to Alyssa
called - 3/20/19*

Need Help?

Call **802-847-8000** or **800-639-2719**.
Email customerservice@uvmhealth.org.
For translation services, call 802-847-8899.

Learn about payment options and financial help on the back of this page.

Ways to pay



Mail

Add credit card info on back of bottom section or send check payable to "UVM Medical Center."



Phone

802-847-8000 or 800-639-2719



Online

<http://bit.ly/uvmmedicalcenterpay>

UVM MEDICAL CENTER
HOSPITAL PATIENT FINANCIAL SERVICES
PO BOX 1810
BURLINGTON, VT 05402-1810

Ⓐ Change of address? Please see reverse side.

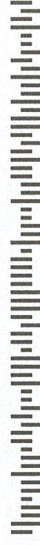


000969
0303

GEARY, PAUL
78 THATCHER MEADOW LN
WATERBURY, VT 05671-0001



UVM MEDICAL CENTER
PAYMENTS DEPARTMENT - HOSPITAL
PO BOX 6222
BRATTLEBORO, VT 05302-6222



2 0000503946 0000005900 4

Return bottom section with your payment

Account Number **HA503946**

Statement Date **03/11/19**

Amount Due

by 04/05/19

\$59.00

Minimum Payment **\$50.00**

Amount Paid **\$**

686928 (PC 2)