THE University of Vermont MEDICAL CENTER

Facility Bill

You may also get a Physician or Anesthesia bill.

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**

What's this? See reverse side.

000000927-A

Talked to ~~Called~~ Alyssa called - 3/26/19 wrote it offs

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

Return bottom section with your payment

658928 (PC 2)

Account Number	**HA503946**
Statement Date	**03/11/19**
Amount Due by 04/05/19	**$59.00**
Minimum Payment	$50.00
Amount Paid	$

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

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