

Statement Date: 01/23/2016

ZUZU ZZSTMT
 9709 3RD AVE NE
 SEATTLE, WA 98115-2062

Summary for patient: ZZSTMT,ZUZU

Total Charges	\$289.00
Total Insurance Payments	\$0.00
Total Adjustments	\$0.00
Total Patient Payments	\$0.00
Total Patient Responsibility	\$289.00
Total Payment Plan Balance	\$0.00
Payment Plan Amount Due	\$0.00

Total Amount Due By 02/22/2016 \$289.00

Please pay balance due within 30 days of the statement date. Contact Customer Service to pay by credit or debit card, to update your account, or to set up a payment plan. Please contact us if you would like more information about our financial assistance program.

**For your convenience, Northwest Hospital offers online bill pay at:
www.nwhospital.org/visitorinfo/billing.asp**

Please contact Customer Service at (206) 368-6440 or toll free (877) 364-6440 if you have questions regarding your statement. See the back of this page for additional contact options.

If your insurance coverage has recently changed or you have coverage not listed with your accounts in the Detailed (Gold) section, then please complete the CHANGE OF INSURANCE section on the back of this statement and mail it in, or call the Customer Service office at one of the numbers listed above.

RETAIN THIS PORTION OF YOUR STATEMENT FOR TAX PURPOSES

UW Medicine Patient Financial Services
 NORTHWEST HOSPITAL & MEDICAL CENTER 10330 Meridian Ave N Ste 260
 Seattle, WA 98133



RETURN SERVICE REQUESTED

Check box if your insurance or address has recently changed and complete the form on the back of this stub.

ZUZU ZZSTMT
 9709 3RD AVE NE
 SEATTLE, WA 98115-2062



IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.		
CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA <input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER	SECURITY CODE	
SIGNATURE		EXP. DATE
GUARANTOR NUMBER 3708378	STATEMENT DATE 01/23/2016	DUE DATE 02/22/2016
AMOUNT DUE \$289.00	AMOUNT ENCLOSED \$	

657195 (PC2)

MAKE CHECKS PAYABLE TO:

NORTHWEST HOSPITAL & MEDICAL CENTER
 PO BOX 24998
 SEATTLE, WA 98124-0998



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