



PHONE: (717) 485-6321 or (800) 521-7747  
www.fcmcpa.org

PATIENT NAME		
ACCOUNT NUMBER	SERVICE START DATE	SERVICE END DATE
INSURANCE COVERAGE		

**Important Message**

Thank you for choosing **Fulton County Medical Center** for your healthcare needs.

**Your insurance company has processed this claim and the balance of this account is due upon receipt.**

If you are unable to pay the balance shown, please contact the Patient Accounts Dept. at (717) 485-6321 or (800) 521-7747 or you may E-mail us at [yourhospital@aol.com](mailto:yourhospital@aol.com).

You may make payment over the phone. We also offer online payments at [www.fcmcpa.org](http://www.fcmcpa.org). Please check out this new service.

If you need assistance paying this bill, please see the charity care application on the back of this statement. For information call 717-485-2850.

DATE	SERVICE DESCRIPTION	BALANCE
TOTAL PAYMENTS/ADJUSTMENTS		
<b>Detailed statement provided by request</b>		

**PLEASE PAY THIS AMOUNT** ▶



**For billing questions call**  
 (717) 485-6321 or  
 (800) 521-7747  
 Monday - Friday  
 8:30am-7:00pm  
 Cashier is located at  
 Registration from  
 7:30am-5:30pm

FCMC1INS



P.O. BOX 16157  
ROCKY RIVER, OH 44116

PLEASE CHECK BOX IF ADDRESS IS INCORRECT OR INSURANCE INFORMATION HAS CHANGED, AND INDICATE CHANGE(S) ON REVERSE SIDE

Please fill out below and enclose with payment

If paying by credit card, please check card using for payment				<input type="checkbox"/> DISCOVER	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER #			V-CODE	AMOUNT			
SIGNATURE			EXP DATE				
PATIENT NAME			ACCOUNT #				
STATEMENT DATE	DATE OF SERVICE		DUE DATE				
PAY THIS AMOUNT			\$ AMOUNT ENCLOSED				