



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.

You may make payment over the phone. We also offer online payments at 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		
Detailed statement provided by request		

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				