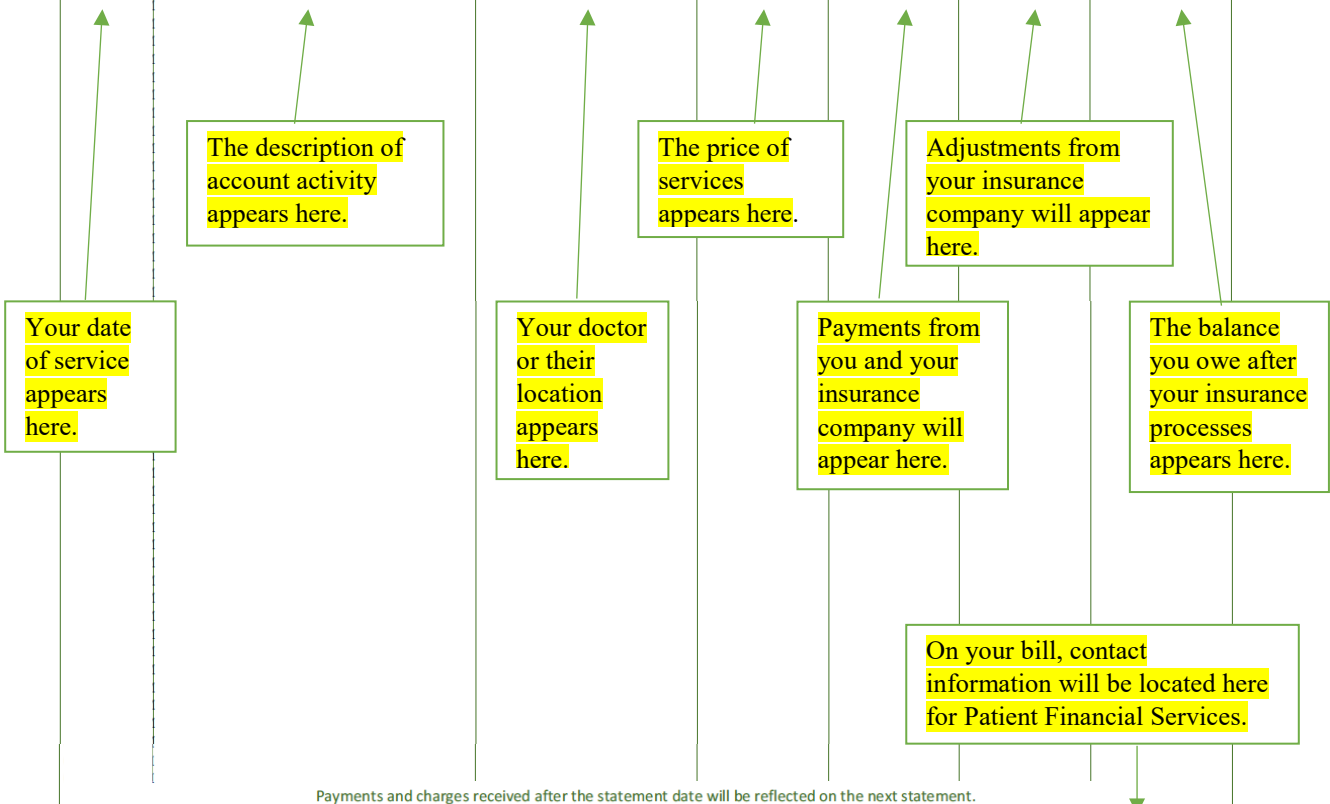




HOSPITAL/CLINIC STATEMENT

REFERENCE NUMBER	ACCOUNT NAME	STATEMENT DATE	CURRENT ACCOUNT BALANCE	BALANCE DUE UPON RECEIPT		
Date	Description	Provider/Location	Charges	Payments	Adjustments	Patient Balance
01/01	OFFICE VISIT	OZH OFFICE	\$0.00			
01/10	YOUR INSURANCE CO. PAYMENT		\$0.00	\$0.00	\$0.00	\$0.00

—
—
—



Payments and charges received after the statement date will be reflected on the next statement.

MESSAGES

Thank you for choosing OZH for your healthcare needs. Save time by making your payments online at www.ozarkshealthcare.com. Call us at (800)880-2056 with questions regarding setting up your online account.

Financial Assistance is available for patients who meet eligibility criteria. Please contact the Patient Financial Services at (800)880-2056 to request an application or go to www.ozarkshealthcare.com to print one today.

TO ENSURE PROPER CREDIT, DETACH AND RETURN BOTTOM PORTION IN THE ENCLOSED ENVELOPE.



PO BOX 1100
WEST PLAINS MO 65775-1100



YOUR NAME
YOUR ADDRESS
YOUR CITY, STATE, ZIPCODE

OMC1 000002P 1 000000 0 900034 S-CRE

IF PAYING BY CREDIT CARD, PLEASE CHECK BOX FOR SELECTION AND FILL OUT BELOW.

MASTERCARD
 DISCOVER
 VISA
 AMERICAN EXPRESS

CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE
REFERENCE NO.	ACCOUNT NO.	STATEMENT DATE
01	0001	01/11
DUE UPON RECEIPT		\$0.00
SHOW AMOUNT PAID		

If paying by card, fill these boxes out and return this bottom portion in the return envelope.

If paying by check, please write your ACCOUNT NO on the check.

This is the account number to write on a check if a check is your preferred method of payment. Please attach the bottom portion of this bill when sending a check.

This is what you currently owe for this account.