



<b>PATIENT NAME &amp; ADDRESS</b> ALICIA GREIWE 100 WILDWOOD DR SOMERSET KY 42503-6255	<b>ACCOUNT NUMBER</b> 0250981460015	<b>AMOUNT DUE</b> \$ 141.00	<b>DATE PAYMENT DUE</b> 03/16/2023	<b>AMOUNT PAID</b> \$ 141.00
<b>STATEMENT DATE: 02/23/23</b>		Please make checks payable to UK A.B. Chandler Hospital. Please include your account number on your check.		
VISA <input type="checkbox"/> American Express <input type="checkbox"/>				
Mastercard <input type="checkbox"/> Discover <input type="checkbox"/>				
Credit Card Number				
Exp. Date				
Credit Card Holders Signature				

UK A.B. CHANDLER HOSPITAL  
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