



Patient Education

Guarantor/Account Number may be found on the billing statement in the yellow box. The Visit (or Encounter) that the bill is associated with also listed in the Summary of Charges under Description on the billing statement.



5213 South Alston Ave. | Durham, NC 27713
ELECTRONIC SERVICE REQUESTED

Billing Questions?
Call 919.820.4555 or 800.782.8945
Hours: Mon, Tue, Wed, Fri: 8:00am - 5:00pm
Thur: 8:00am - 4:00pm

Por favor mirar atrás de la página para las instrucciones en Español.

ADDRESSEE

Ms. Test Patient
123 DukeHealth Way
Durham, NC 27710



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! If paying by check, please detach and turn this coupon over for the remit address to show through the window of the envelope provided.

INSURANCE INFORMATION

Please confirm this information is correct

	Provider	ID#
Insurance 1:		
Insurance 2:		
Insurance 3:		
Insurance 4:		

If this is incorrect please contact our billing department

Please detach and return top portion with payment.

Guarantor/Account Number	Patient Name	MRN	Statement Date	Payment Due Date
123456789	Test, Patient	xxxxxxx	01/01/20xx	02/02/20xx

Summary of Hospital Charges

Date	Description	Charges	Payments/Adjustments		Patient Balance
			Insurance	Patient	

Duke University Hospital Encounter # 123456789xxxx