



STATEMENT QUESTIONS OR ADDRESS CHANGE? Call

Methods of payment: ONLINE: www.pay.gov BY MAIL: to the address below IN PERSON: at any VA Medical Center PAY BY PHONE: 1-888-827-4817

Statement reflects payments received by

LOCAL VA'S MESSAGE.

PATIENT NAME: ACCOUNT NUMBER: STATEMENT DATE:

Table with columns: ACCOUNT SUMMARY, PREVIOUS BALANCE, PAYMENTS RECEIVED, NEW CHARGES, BALANCE, DESCRIPTION, AMOUNT, BILLING REFERENCE.

PAYING BY MAIL OR IN PERSON? DETACH THE COUPON BELOW. DO NOT INCLUDE ANY CORRESPONDENCE WITH PAYMENT.

*CREDIT CARD NUMBER

*EXP. DATE (MMYY)

ACCOUNT NUMBER, STATEMENT DATE

*CREDIT CARD TYPE: AMERICAN EXPRESS, MASTER CARD, DISCOVER, VISA

*SIGNATURE

MAIL TO:

BALANCE DUE BY, *PAYMENT AMOUNT \$