

STATEMENT QUESTIONS OR ADDRESS CHANGE?

a11

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

PATIENT NAME: ACCOUNT NUMBER: STATEMENT DATE:				LOCAL	. VA'S M	ESSAGE.		
ACCOUNT SUMMARY	PREVIOUS BALANCE	PAYMENTS RE	ECEIVED	NEW CHARG	ES			BALANCE
DESCRIPTION	,					AMOUNT	BILL	ING REFERENCE
PAYING BY MAIL OF	R IN PERSON? DETAC	H THE COUPO			CLUDE A	NY CORRESPOND	ENCE \	WITH PAYMENT.
*CRED	IT CARD NUMBER		*EXP.	DATE Y Y	ACC	OUNT NUMBER		STATEMENT DATE
*CREDIT CARD TYPE AMERICAN MASTER EXPRESS CARD *SIGNATURE	DISCOVER VISA			MAIL TO:				
BALANCE DUE BY	*PAYMENT AMOUN	т						

Pay By: Check, Money Order or Credit Card Payable to "VA". Include Account Number. *If paying by Credit Card complete fields marked with an asterisk(*).