

Example AAA Bill

A bill can sometimes be hard to understand. Below is an example bill for your reference so you feel confident in what you're seeing and what it means.

MAKE CHECKS PAYABLE TO:
 AAA Ambulance Service
 PO Box 17889
 Hattiesburg, MS 39404-7889

RETURN SERVICE REQUESTED

Billing Inquiries: (601) 264-2221 or (800) 352-7494
 To Pay Online Visit: www.aaaambulance.net

Stmt ID#: 1096553070

FRED L TEST
 12345 ANYWAY DR
 HATTIESBURG MS 39404

IF PAYING BY VISA, MASTERCARD, DISCOVER OR AMERICAN EXPRESS, FILL OUT BELOW

<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMER. EXP.
CARD NUMBER	EXP. DATE	AMOUNT	
SIGNATURE		MUST INCLUDE 3 DIGIT SECURITY CODE FROM BACK OF CARD	

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
01/09/2020	\$205.00	18-2565

CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT.

SHOW AMOUNT PAID HERE \$

Your personalized account number (sometimes referred to as - run number). This number is specific to you and the particular reason for this bill. If you have multiple bills with us each of them will have a unique run/ account number for you to reference.

This helps us know which bill you're paying.

Date Of Service	Description of Charge	Qty.	Unit Price	Amount
01/12/2018	A0427 ALS 1 - Emergency	1	933.00	933.00
01/12/2018	A0425 ALS Mileage	4.0	18.00	72.00

Your TOTAL balance before any payments or credits have been made to your account from either you or your insurance provider.

Description of Payment	Receipt	Payment Date	Amount
Medicare Select		10/21/2019	500.00
Bill Patient		10/21/2019	100.00
Bill Patient		10/21/2019	100.00
Bill Patient		10/21/2019	100.00

Any payments or credits that have been made to this bill by either you or your insurance provider.

Patient Name: FRED L TEST
 Due Date: 12/22/2019

Please Pay This Amount

25.00

This is your minimum required payment that needs to be made in order for your acct not to become delinquent.

Balance Owed: 205.00

Your FINAL remaining balance owed after all credits and/or payments have been made against the original total balance.

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