

# THOMPSON HEALTH

350 Parrish Street, Canandaigua, NY 14424



BILL DATE	ACCOUNT NO	AMOUNT DUE
		\$
IF PAYING BY CREDIT CARD		AMOUNT ENCLOSED
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA	<input type="checkbox"/> DISCOVER
<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/>	<input type="checkbox"/>
CARD NUMBER	AUTHORIZATION CODE (last 3 or 4 digits on back of card in signature line) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
SIGNATURE	EXP. DATE	

Thompson Health  
 3170 West Street, Suite 150  
 Canandaigua, NY 14424  
 Pay online at [www.thompsonhealth.com](http://www.thompsonhealth.com)

Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

## STATEMENT

Please check box if credit card billing address is different than statement address and write in address on back.

RETURN TOP PORTION • RETAIN LOWER PORTION

For Billing concerns call 585-396-6722/Financial Assistance 585-396-6029

Appointment	Service Description	Charge	Payment	Adjust	Patient
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LAST PAYMENT RECEIVED	Current	Over30	Over60	Over90	Over120	Patient
00/00/00 0.00		0.00	0.00	0.00	0.00	

PLEASE MAKE CHECK PAYABLE TO:

Thompson Health  
 3170 West Street, Suite 150  
 Canandaigua, NY 14424  
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Payment Due Upon Receipt

PLEASE PAY THIS AMOUNT

Office Ph:(585)-396-6722 Statement Date:

Acct#:

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