



MCKENZIE-WILLAMETTE MEDICAL CENTER
PO BOX 847754
DALLAS TX 75284-7754



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☐ Please check box and make address or insurance changes on reverse side.

Thank you for selecting our facility for your healthcare needs. We trust your experience with us met your expectations.

Your insurance(s) has/have paid their portion. The balance is now your responsibility. Please remit the balance in full by the due date.

 Questions about your bill? Please call,
833-282-0583

DESCRIPTION	AMOUNT
Total Charges	\$8,133.81
Insurance Payments To Date	\$-1,324.43
Patient Payments To Date	\$0.00
Adjustments To Date	\$-6,097.61
Account Balance	\$711.77

AMOUNT DUE: \$711.77



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