

Po Box 9382
Minneapolis MN 55440
1-877-319-9853



John Doe
1234 First Street
Saint Paul, MN 55102-0000

Customer Number 97027
Payment Due Date 10/25/2011
Customer Balance \$1,331.10
Minimum Payment \$223.00
Amount Paid \$ _____

To ensure proper credit, please include your customer or invoice number on your check.

If you wish to pay by credit card, please complete the following information below:



Card Number _____ Card Holder Name _____

Card Exp Date ___/___/___ Pymt Amt \$ _____ Card Holder Signature _____

**Important
Please read & sign**

Consent Form

Patient or Authorized Signature

I authorize the release of any medical information necessary
to process claims and request payment of medical benefits be released to
Allina Medical Transportation for these or related services provided now or in the future

Signature _____ Relationship _____ Date ___/___/___
(Insured or Authorized Person)

Insurance Information

Primary Ins Name _____ Policy # _____ Group # _____

Primary Address _____ Primary City _____ Primary State _____

Primary ZipCode _____ Policy Holder Name _____ DOB ___/___/___

Secondary Ins Name _____ Policy # _____ Group # _____

Secondary Address _____ Secondary City _____ Secondary State _____

Secondary ZipCode _____ Policy Holder Name _____ DOB ___/___/___

Please return this page with your payment or corrected insurance information.

Billing Details

The Following Are New Charges Applied To Your Account

11/29/2010	Invoice : 00119516 Name : John Doe	From : American Blvd E / Nicollet Ave To : Hcmc	
Description	Units	Charges	Extended Charges
Base Rate	1.00	1,270.00	1,270.00
Mileage	10.00	26.00	260.00
Total Charges		(Invoice Balance: \$1,331.10)	\$1,530.00
You are now responsible for these charges.			

No Payments Were Received

No Denial Information

Pay at <http://www.allina.com/PayAMTBill>

A recent payment may not be reflected on this statement. However, please notify us in the event the payment does not appear on your next billing statement.

Please contact our Customer Service Department during our business hours of Monday through Thursday 8am-4:30pm and Friday 8am-3:30pm, at 612-262-1331 or 1-877-319-9853. We will be happy to assist you in any way we can.

Current	31-60	61-90	91-120	Over 120	Balance Due	Insurance Pending	Account Balance
0.00	0.00	0.00	0.00	1,331.10	\$1,331.10	\$0.00	\$1,331.10