

P.O. Box 23840
Little Rock, AR 72221-3840



DUE BY 11/27/16	NEW BALANCE 120.19	STATEMENT ID
MINIMUM PAYMENT 50.00	CHECK NUMBER	CHECK AMOUNT
CARD NUMBER	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
CARD HOLDER PRINTED NAME	AMOUNT	
SIGNATURE	EXP. DATE	

Pay online at www.completecare.com
or scan the QR code below to visit the website.

Please write your Statement ID on your remittance. Detach top portion and return with payment.



CARTI
P.O. BOX 23840
LITTLE ROCK, AR 72221-3840



CCC043787 CCC031160

DAYS IN BILLING CYCLE A	BILLING CYCLE CLOSING DATE 11/02/16	STATEMENT		FOR INFORMATION: CALL BETWEEN THE HOURS OF 8 A.M. AND 5 P.M. (CT)			
				(888) 758-6800		(501) 758-0348	
POSTING DATE	DATE OF SERVICE	PATIENT NAME	PATIENT ACCOUNT NUMBER	PATIENT BALANCE	TOTAL PAID	TOTAL ADJUSTED	NEW BALANCE
11/02/16	CARTI			75.19	.00	.00	75.19
11/02/16	CARTI			45.00	.00	.00	45.00

MESSAGES: We appreciate the opportunity to serve you. Please remit your payment by the date listed. Feel free to contact us at the numbers above if you have additional insurance information or need assistance paying your bill.				WHEN MAKING INQUIRIES, PLEASE REFER TO YOUR STATEMENT ID:			
TOTAL PREVIOUS BALANCE	TOTAL PAYMENTS LAST CYCLE	CREDITS LAST CYCLE	TOTAL NEW CHARGES 120.19	DEBITS LAST CYCLE	BALANCE SUBJECT TO FINANCE CHARGE 120.19		
MINIMUM PAYMENT 50.00	DUE BY 11/27/16					FINANCE CHARGE SCHEDULE	
				ANNUAL PERCENTAGE RATE ZERO (0.00%)		FINANCE CHARGE ZERO (\$0.00)	

NOTICE: SEE REVERSE SIDE FOR TERMS AND IMPORTANT INFORMATION REGARDING YOUR BILL TM 0718ab

Please contact us at 501-758-0348 or 888-758-6800 if you need help reading or understanding your statement or if you wish for us to send you a larger printed version.

POSTING DATE	DATE OF SERVICE PATIENT NAME PATIENT ACCOUNT NUMBER			PATIENT BALANCE	TOTAL PAID	TOTAL ADJUSTED	NEW BALANCE
Please see #1 below.	The provider location, date of discharge, patient name, and patient account number.			The total amount you owe for services from posting date.	The cumulative amount paid since posting date.	The cumulative changes not due to a payment since posting date.	The total amount remaining on each account.
TOTAL PREVIOUS BALANCE	TOTAL PAYMENTS LAST CYCLE	CREDITS	TOTAL NEW CHARGES	DEBITS	BALANCE SUBJECT TO FINANCE CHARGE		
Total balance owed from last statement.	Total paid since last statement.	Please see #2 below.	Accounts added since last statement.	Please see #3 below.	Total balance due after all charges, payment, and adjustments.		
MINIMUM PAYMENT	DUE BY					FINANCE CHARGE SCHEDULE	
Minimum amount due.	The date payment is due on this statement.					ANNUAL PERCENTAGE RATE ZERO (0.00%)	FINANCE CHARGE ZERO (\$0.00)

DEFINITIONS OF STATMENT TERMS

- Posting Date - The date we began billing you for your patient responsible amount, whether after insurance or as an uninsured patient.
- Credit - A decrease in the account balance not associated with a payment. It can be due to insurance, financial assistance, CARTI discounts, etc.
- Debit - An increase in the account balance not associated with a new charge.
- Statment ID - The unique number assigned to the guarantor's (person responsible for payment) account. This is the number under which all dates of service are combined and billed. **If you inquire about your bill at the place of service, please use the patient account number in the body of the statement.**