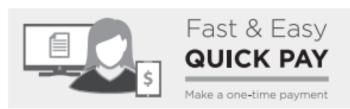
WINONA - RUSHFORD

For help with billing questions or address/insurance changes, please call: 507-457-4579 or 877-201-3731 Phone Hours: Monday - Friday 7:30AM-5:00PM

Addressee



Pay Online: www.winonahealth.org Statement Number

Patient ID Number

Due Date 12/21/2021 \$284.01

Amount Due Amount Paid

Page 1 of 1

Please make checks payable and remit to:

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١	Check	if	address	/insur	ance	changes	are	on	back
1	 CHECK		auul coa	IIIau	anne	citaliges		911	DOM:

Please detach and return top portion with payment.

Patient ID Number	Account Name	Statement Date	Due Date	
		11/21/2021	12/21/2021	

Date	Service Description	Charges	Payments/ Adjustments	Patient Balance
	Provider:			
08/05/2021	Visit ID #: BALANCE FORWARD Total Visit Summary	\$284.01 \$0.00	\$0.00	\$284.01

MESSAGES

Thank you for choosing Winona Health Services. All bills are due in 30 days.

Pay Online: www.winonahealth.org Statement Number

AMOUNT DUE:

\$284.01