

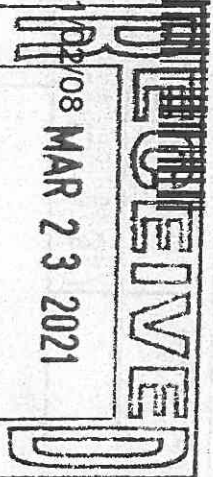


**BROWARD HEALTH**

PO Box 1259, Department 91047  
Oaks, PA 19456



Date of Service: 2021



ADDRESSEE: Imaging - Lockbox



3007 NW 26TH ST  
FORT LAUDERDALE FL 33311-2007

0041 001347

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

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW

<input checked="" type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER	CARD NUMBER	CARD NUMBER	CARD NUMBER
SIGNATURE	SIGNATURE	SIGNATURE	SIGNATURE
STATEMENT DATE	PAY THIS AMOUNT	EXP. DATE	ACCT #
03/02/2021	\$555.20		

For online payment options, please visit [www.browardhealth.org/paymybill](http://www.browardhealth.org/paymybill)

PAYABLE TO:

Broward Health  
Patient Lockbox Address  
PO BOX 865814  
Orlando, FL 32886-5814

AMOUNT PAID \$ 555.20

**IF YOU HAVE A NEW ADDRESS OR INSURANCE INFORMATION, PLEASE COMPLETE:**

Street \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Insurance	Subscriber Name	Group Number	Policy I.D. Number	Subscriber Birth Date	Effective Date	Plan Number	Employer Name
	Insurance Name	Insurance Address	Subscriber Birth Date	Effective Date	City, State	Relationship of Patient to Subscriber <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER	Zip Code
Secondary Insurance	Subscriber Name	Group Number	Policy I.D. Number	Subscriber Birth Date	Effective Date	Plan Number	Employer Name
	Insurance Name	Insurance Address	Subscriber Birth Date	Effective Date	City, State	Relationship of Patient to Subscriber <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER	Zip Code
Medicare	Medicare Number	Part A Effective Date	Part B Effective Date	Retirement Date			
Medicaid	Recipient Client Number (10 Digits)	Card Issue Number					

Email Address For Credit Card Receipt \_\_\_\_\_