

LAKE HAVASU CITY  
PO BOX 1095  
Camp Verde, AZ 86322

For all billing questions, call: (877)233-0403

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
	\$	

CHARGES AND CREDITS MADE AFTER STATEMENT  
DATE WILL APPEAR ON NEXT STATEMENT.

SHOW AMOUNT  
PAID HERE \$

MAKE CHECKS PAYABLE / REMIT TO:

LAKE HAVASU CITY  
PO BOX 1095  
Camp Verde, AZ 86322



190858-1

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

### STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH  
YOUR PAYMENT IN ENCLOSED ENVELOPE

Description of Charges	HCPCS	Quantity	Unit Price	Amount
ALS EMERGENCY LEVEL 1	A0427			
MILEAGE	A0425			
Total Charges				
Total Credits				0.00
Patient Name:				
Account Number:				
Call Number:				
Call Date:				
Call Time:				
Caller:				
From Location:				
To Location:				
Reason For Transport:				

PATIENT DUE  
\$

Thank you for calling our Ambulance Service. PLEASE NOTE! You must contact us if you would like us to file any insurances. Payment is due at this time. Should you have any questions, please do not hesitate to contact us at the phone number listed above. Thank

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STATEMENT  
SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION

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