



Your Responsibility	Due Date	Guarantor #
\$0.00		

Dear

Your account reflects a total balance due of \$0.00. Guarantors may receive separate statements from Physicians, Pharmacy, Additional testing and/or Anesthesiology. Please return the stub below in the provided envelope with your payment or credit card details. If you would like to set up a payment plan, obtain an itemized statement or pay your account online, you can log onto MyChart. Financial Assistance is available to those who qualify. Thank you for choosing Arrowhead Regional Medical Center for your healthcare needs.

Questions? Call: (877) 818-0672 or **Email:** Patientaccounts@armc.sbcounty.gov
 Customer service representatives are available
 Monday - Friday 8:30 AM to 4:00 PM (except holidays).

Coverage(s) on file

To pay your bill online or to see the financial assistance options we offer, please visit [Http://mychart.arrowheadregional.org/](http://mychart.arrowheadregional.org/)

@SBOSTMTSUMMARY(TOTALSLINE:1)
 @SBOSTMTBODY1@

ARROWHEAD REGIONAL MEDICAL CENTER
 400 N. Pepper Avenue
 Colton, CA 92324

Please use form on the back to update insurance and/or address

CARDHOLDER NAME		
CARD#	EXP DATE	CODE
SIGNATURE		GUARANTOR ID
AMOUNT	DUE DATE	PAYING TODAY
\$0.00		\$

Make Checks Payable and Mail Payment To:

ATTN: ARMC PATIENT ACCOUNTS
 400 N. Pepper Avenue
 Colton, CA 92324

@EBGCITY@, @EBGSTATE@, @EBGZIP@