

# How to Read Your Statement

## Facility Information

The facility where services were provided will appear here.

## Individual Identifiers

Details about who is receiving services will be displayed here.

## Services Details

What services you received during your stay will appear here.

## Payment Details

View Statement Summary information, including the amount owing.

## Pay by Mail

If you opt to pay by mail details will be located here.

## Payment Instructions

Your facility may provide specific payment details.

STATEMENT DATE	DUE DATE	ACCOUNT NO.
05/01/2015	05/10/2015	2317
RESIDENT		
Ale, Deidre (2190)		
AMOUNT DUE	AMOUNT PAID	
\$105,437.69		

Please make checks payable to: Your Facility's Name

Florida Care Center  
1000 Main Street  
Tampa, FL 33617  
(239) 574-9999

Jackson Ale  
2621 15th Terrace  
Cape Coral, FL 33990

Florida Care Center  
1000 Main Street  
Tampa, FL 33617  
(239) 574-9999

Your statement will have specific payment instructions located here.

A message from your Facility may be located here!

Account Details		Invoice Number: 204		
Resident: Ale, Deidre (2190)		Location: East Wing 106-A		
Admit Date: 06/01/2012				
Date	Description	Charges	Credits	Balance
	BALANCE FORWARD			\$99,702.69
05/01/2015	Room & Board Charges May 01-31 2015 (31@185.00)	\$5,735.00		
BALANCE DUE				\$105,437.69

The business office may display a specific message about your account here.

Page 1 of 1

