



ACCOUNT #



STATEMENT DATE

07/20/2020

AMOUNT DUE

\$1,339.75

Town of Goffstown
18 Church Street Goffstown, NH 03045-1703
1-833-469-7789

ADDRESSEE



PLEASE REMIT TO

TOWN OF GOFFSTOWN
20855 KENSINGTON BLVD.
LAKEVILLE, MN 55044



PLEASE RETURN TOP PORTION WITH YOUR PAYMENT



Invoice	Date	Description	Charges	Payments/ Adjustments	Patient Responsibility	Balance
ITGT000024	06/02/2019	Service Provided by Town of Goffstown Patient: [REDACTED] Transported from: Scene of accident or acute event Transported to: Catholic Medical Center (A0425) Mileage (A0427) ALS 1 Emergency	\$165.75 \$1,174.00	Payment PR2* PR100*	\$0.00 \$100.00 \$1,239.75	\$1,339.75
	06/25/2019	BCBS of NH				

Current	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days
\$0.00	\$0.00	\$0.00	\$1,339.75	\$0.00

Amount Due	
Outstanding Balance:	\$1,339.75
Total Due:	\$1,339.75

*PR2: Patient Responsibility; Coinsurance Amount

*PR100: Patient Responsibility; Payment made to patient/insured/responsible party.