An explanation of your billing statement

Welcome to your MaineHealth consolidated billing statement which includes more information all in one place.

Invoice Number: 00000004398 Statement Date: 09/18/12 Due Date: 10/02/12 Page 1 of 2

IMPORTANT MESSAGE:
Thank you for choosing MaineHealth for your healthcare needs. Please pay the amount due in full, or contact our office to discuss payment options.

Statement Summary for Responsible Party John Doe

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Statement Balance</td>
<td>14,282.50</td>
</tr>
<tr>
<td>(-) Payments and Adjustments</td>
<td>-13,457.50</td>
</tr>
<tr>
<td>(+/-) Other Changes</td>
<td>0.00</td>
</tr>
<tr>
<td>(+) New Patient Responsibility</td>
<td>76.00</td>
</tr>
<tr>
<td>Total Current Balance</td>
<td>901.00</td>
</tr>
</tbody>
</table>

Minimum amount due from John Doe

144.75

See following pages for account details.

Amount you are paying

Amount that you must pay at this time, which may reflect payment arrangements you have made.

Where payments are processed

Payments or adjustments made by you or your insurance

New amount now owed since last statement

Where you received your services

Itemized charges for services

Total cost for each service

Total charges minus previous payments

Number noted throughout the statement and on all correspondence. Please include this number on your check and refer to it if calling with questions.

Person responsible for bill, which may be a parent, guardian or other responsible adult.

Statement print date

Date payment or other financial arrangements due to MaineHealth

Additional pages of your bill contain the following information: