



Accounts Receivable - Finance
 555 UNIVERSITY AVE
 TORONTO, ONTARIO
 M5G 1X8

To Parent or Guardian of:

Statement #:

Statement Date:

Patient Name:

Patient MRN:

Patient DOB:

Terms: Payable on Receipt

Last Statement Balance	New Charges	Patient/Insurance Other/Payments	Adjustments	Guarantor Balance
13,749.61	0.00	0.00	0.00	\$13,749.61
				Payment due upon receipt

Balance Due In CAD Dollars

Please retain this portion for your records. No receipt will be issued unless requested.

INQUIRIES PLEASE CALL

(Tel) 416-813-6315 (Email) patient.accounts@sickkids.ca (*leave statement # in subject line)

-----Please detach and return this portion with your payment

Amount Due **\$13,749.61**

Amount Enclosed:
\$

Balance Due In CAD Dollars

Payment due upon receipt

Make cheque payable to The Hospital for Sick Children

Mail to: Accounts Receivable Department
 PATIENT ACCOUNTS
 555 UNIVERSITY AVE
 TORONTO, ONTARIO
 M5G 1X8

Payment via credit card can be made online by visiting:

<https://billpayment.sickkids.ca>

Interac E-Transfer now accepted. Please send to PCAR.EFT@sickkids.ca. Please ensure that the patient's name, statement number, and MRN are included in the Interac E-Transfer memo/description.

Patient:

Guar ID:

Statement #: