



CANCER INSTITUTE

Wayne State University

4100 John R
Mail Code HW02EA
Detroit, Michigan
48201

mclaren.org

Date

Dear

PA# _____

At Karmanos Cancer Institute we are committed to providing you with quality health care along with convenient and reliable billing services. This letter is to help you understand your co-payment/deductible responsibilities determined by your insurance company for services you have received.

Our records indicate that you are insured by _____ company and have a deductible/copayment balance of \$_____.

For your convenience, a payment can be made at any time during your stay at the Cashier/Financial Counseling Office (located on the Lobby Level) or once you are at home by calling 313-576-9044. The hospital accepts Visa, Discover, MasterCard, check, and cash. If it would be more convenient, a Registration clerk can come to your room to accept payment.

Please call 313-576-9044 (or 9044 from your hospital room phone).

In the event, additional monies are owed, the hospital will bill you at your home address following your discharge. If you have any questions regarding this matter, please call the number listed on your statement.

Thank you,

Karmanos Cancer Institute
Patient Access
313-576-9044