At Paramount, we continually strive to improve our service to you, our valued customer.

A brief explanation of our statement is shown on the reverse side of this brochure.

QUESTIONS?

Paramount
Billing Department is available to answer your questions

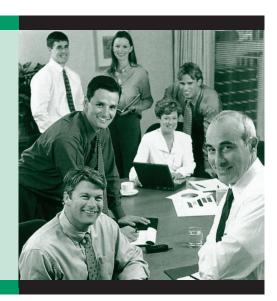
Monday through Friday 8:00 a.m. - 4:30 p.m. at 419-887-2585



82739

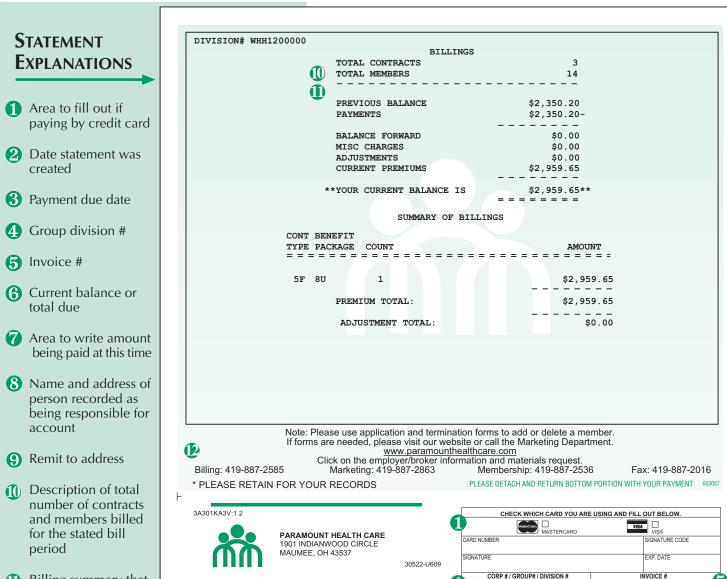
Our Statement





Keys To Understanding Your Paramount Statement -

JMBERED AREAS POINT OUT WHERE IMPORTANT INFORMATION CAN BE FOUND ON OUR STATE



11 Billing summary that includes previous balance, adjustments, payments, current premiums & total amount due as of the invoice date.

Web site address, important phone numbers, and other important information

For answers to questions regarding your balance or payment, please call the Billing Department.

RETURN SERVICE REQUESTED

VALUED CUSTOMFR 123 N MAIN STREET

ANYTOWN, USA 12345-6789

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For answers to questions regarding member or contract numbers, or questions about additions or terminations, please call the Membership Department. For information regarding individual rates please call the Marketing

Department. The individual department numbers are listed on the bottom of the statement.

WHH1200000

PLEASE PAY THIS AMOUNT

P.O. BOX 76656

\$2,959.65

STATEMENT DATE 200/00/00

PAYMENT DUE ON / BEFORE

00/00/00

PARAMOUNT HEALTH CARE

CLEVELAND, OH 44101-6500

WHH11000002011080120110831002959656

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PAGE: 1 OF 1

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PC4000001234

3 00/00/00 - 00/00/00 TOTAL AMOUNT DATE

TOTAL AMOUNT PAID

Please keep a copy of the original statement in a safe place, as future statements may not include the details of the original.