

RETURN MAIL ONLY:



LOWER ALSACE VOLUNTEER
AMBULANCE ASSOCIATION
750 N 25TH STREET
READING PA 19606-1400



00003

Billing Phone: (610) 286-5076

PATIENT
RESPONSIBILITY

PAYMENT
DUE BY

04/18/2025

OR

See reverse side for payment by credit card.

ADDRESSEE:



00003



Last Name, First Name
Address Line 1
City, State, Zipcode

MAKE CHECKS PAYABLE AND REMIT TO:



LOWER ALSACE VOLUNTEER
AMBULANCE ASSOCIATION
750 N 25TH STREET
READING PA 19606-1400

Acct Name: Patient Name

Acct #: LAL-00000000

STATEMENT

Statement Date: 03/19/2025

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE

CHARGE ID

DESCRIPTION

AMOUNT

BALANCE