

601 Children's Lane Norfolk, VA 23507 (757) 668-8931

Temp- Return Service Requested

☐ Check here for change of address (see reverse for details)

Remittance Section

Account Number: Medical Record #: Date of Service: Statement Date: Due Date: Amount Due:

Amount Enclosed:

\$

Remit payments to the name and address below:

CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS P.O. BOX 538467 ATLANTA GA 30353-8467

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Please detach and return above portion with your payment



P.O. BOX 538467 ATLANTA GA 30353-8467 (757) 668-8931 Account Number: Medical Record #: Statement Date: Due Date: Amount Due:

IMPORTANT MESSAGES

- * Thank you for using CHKD for your childs medical services.
- * To pay online, go to www.CHKD.ORG/PAYBILL. To pay by phone, call 757-668-7105, option 1.
- * Questions about your bill, or to discuss a payment plan Please call 757-668-7105 or email us at PFSCUSTOMERSERVICE@CHKD.ORG
- * Our office hours are 8 A.M. 4 P.M. MONDAY-FRIDAY

DATE	DESCRIPTION	CHARGES	CREDITS	PATIENT BALANCE	
Detail for Patient: Location: CHKD (Hospital or Satellite Location)					
Amount Due:					