ACCOUNT NUMBER	DATE OF STATEMENT	PAYMENTS AFTER THIS DATE WILL APPEAR ON YOUR NEXT STATEMENT	BALANCE	AMOUNT DUE

PATIENT NAME

YOUR ACCOUNT IS PAST DUE!! TO AVOID FURTHER COLLECTION ACTIVITY, PLEASE MAIL PAYMENT IN FULL TODAY!

Place of Service: OU MEDICAL CENTER / ER
Referring Doctor:

MAKE CHECKS PAYABLE TO:
OUHSC PATHOLOGY LABORATORY
PO BOX 269048
OKLAHOMA CITY OK 73126-9048
888/581-4327

SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION

Date	Doctor	Qty	Code	Loc	Description	Amount

VISIT # 1 TOTAL----------
Access account at http://www.PayYourHealth.com Pass Key:

For questions call, 888/581-4327 and when prompted enter your identification number as follows:

PLEASE DETACH AND RETURN THE BOTTOM PORTION WITH PAYMENT

ACCOUNT NUMBER	PATIENT NAME

STATEMENT DATE	AMOUNT DUE	AMOUNT ENCLOSED

OUHSC PATHOLOGY LABORATORY
P O BOX 1888
GREENVILLE TX 75403

Temp-Return Service Requested

5062

Patient name & address

MAKE CHECK PAYABLE AND REMIT TO:

OUHSC PATHOLOGY LABORATORY
PO BOX 269048
OKLAHOMA CITY OK 73126-9048

000000000000731579861099700997000000335231000900000523 01

OUHSC Pathology

Tear on perforation

Return this portion with the payment. retain upper portion for your records

Member Code:	
Group No:	000999
Division No:	0995
Due Date:	~~8/20/2014~~
Month of Coverage:	~~August, 2014~~ Sept 2014

Indicate any change of address or phone

Send Payment To:

EMPLOYEES GROUP
INSURANCE DIVISION
P.O.BOX 269022
OKLAHOMA CITY, OK 73126-9022

03748502

TOTAL AMOUNT DUE	$346.10
TOTAL REMITTED	

Date:09/04/2014 Amount:$346.10 Serial: TR:0 FName:S LName: SSN: GNUM:999 DIVNUM:0995

Employees Group Ins Division

Notice of Payment Due

Due On:2/1/2014 Invoice: 8383

Real Estate Lease:

Oklahoma Commissioners of the Land Office
Lockbox Account
P.O. Box 248896
Oklahoma City, OK 73124-8896
(405)521-4000

PO BOX
AUSTIN, TX
USA

Real Estate Lease:		$0.31
Interest for Real Estate Lease:		$0.00
Real Estate Lease:		$4,359.58
	Total Due:	**$4,359.89**

Retain this part for your records

Tear at dotted line above and return this part with your remittance

Make Remittance payable to: The Commissioners of the Land Office
Please Include the Lease Number and Contract Number on your Remittance

Invoice: 8383

Real Estate Lease:

Oklahoma Commissioners of the Land Office
Lockbox Account
P.O. Box 248896
Oklahoma City, OK 73124-8896

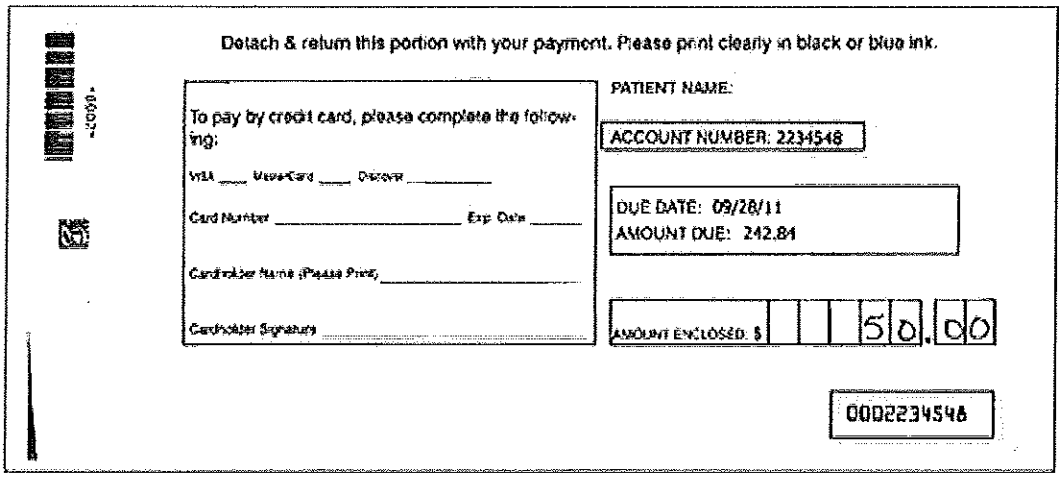
PO BOX
AUSTIN, TX
USA

Please show any permanent address changes to address above

Real Estate Lease:		$0.31
Interest for Real Estate Lease:		$0.00
Real Estate Lease:		$4,359.58
	Total Due:	**$4,359.89**

Commissioners of the Land Office

The AFS OCR Standards Document explains the specifications of the OCR A font that BancFirst uses for high speed capture of the account number from your coupon. Below is a sample of your old coupon. I have noted the account number which is repeated at the bottom with leading zero's to make it a 10 digit number.


Detach & return this portion with your payment. Please print clearly in black or blue ink.

To pay by credit card, please complete the following:

Visa ____ MasterCard ____ Discover _____

Card Number _____ Exp Date _____

Cardholder Name (Please Print) _____

Cardholder Signature _____

PATIENT NAME:

ACCOUNT NUMBER: 2234548

DUE DATE: 09/28/11
AMOUNT DUE: 242.84

AMOUNT ENCLOSED: $ 50.00

0002234548

The .txt document attached is a sample of the validation file that you sent with each billing. Below is the file structure that was used.

```
9999999999 5/22/2013
0002402973 *ATTY ACCT DELL,R RYAN
0001314592 *OU ATHLETIC DEPT/ORTHO
0002363701 ABBE,BOB J
0002457899 ABBOTT,BILL
0001227144 ABBOTT,KELLY A
```

File header – 10 – 9's followed by a space and then the date of the file.
File records – 10 digit account numbers. Leading zero's are added if needed. Followed by a space and then the customer name as it appears in your system

We use the validation file to confirm that account number is valid and then we add the customer name as an index to the image so you can search by account number, Name, date, and amount.

OU Physicians - OKC

OU PHYSICIANS TULSA
PO BOX 268838
OKLAHOMA CITY, OK 73126-8838
PERSONAL & CONFIDENTIAL

ADDRESS SERVICE REQUESTED

008417 0303

74277.col 1003 2274277
Stmt Date: 09/02/2014

IF PAYING BY CREDIT CARD, PLEASE CHECK BOX FOR SELECTION AND FILL OUT BELOW.

☐ MASTERCARD ☐ VISA ☐ DISCOVER

CARD NUMBER	VERIFICATION #
CARDHOLDER NAME	EXP. DATE

SIGNATURE

ACCOUNT NUMBER	DUE DATE	Amount Due	AMOUNT PAID
[redacted]	Upon Receipt	Continued	

Pay online at www.paymydoctor.com. Free, secure, easy. Use clinic ID 2274277.

OU PHYSICIANS TULSA
PO BOX 268838
OKLAHOMA CITY OK 73136-8838

☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

TO INSURE PROPER CREDIT, DETACH AND RETURN TOP PORTION IN THE ENCLOSED ENVELOPE.

655086B (PC

OU Physicians Tulsa

Oklahoma State & Education Employees Group Insurance Board
BancFirst Payment File Layout

Column Name	Start Position	End Position	Length	Data Type	Format	Value/ Default	Description
First Initial	1	1	1	Alpha			Member's First Name Initial.
Filler	2	4	3	Alpha			Filler
Last Name	5	18	14	Alpha			Members Last Name or the Entity Name.
SSN	19	27	9	A/N			Member's SSN if payment from Member. Null if payment is from Entity. If SSN < 9 digits or SSN <> Number or SSN = '000000000' Reject record.
Group	28	29	2	Alpha			Association code- Not used
Agency Code	30	35	6	A/n			= Employer ID Agency Code <> 6 characters or Agency Code = Null then reject record
Div Number	36	39	4	Alpha			Billing Entity ID If Div Number = Null then reject record
Deposit Date	40	45	6	Number	YYMMDD		Should be a valid date.
Detail Date	46	49	4	Alpha	YYMMDD		Not used
Batch Number	50	52	3	Number			Batch number. All characters should be digits and not null
Check Number	53	62	10	Number			Check Number. Should be a Number
Filler	63	71	9	Alpha			Filler
Policy Number	72	77	6	Number			Not used
Account Number	78	79	2	Number			Not used
Ins Amount	80	88	9	Number			Premium Amount. Should be A valid number and no characters and not equal to zero or null
Filler	89	89	1	Alpha			Filler
Filler	90	92	3	Alpha			Filler
Health Code	93	96	4	Alpha			Not used
Life Code	97	97	1	Alpha			Not used
Filler	98	98	1	Alpha			Filler
Employee Insurance Amt	99	103	5	Numeric	999.99		Not used
Filler	104	111		Alpha			Filler
Type Code	112	112	1	Alpha			Not used

OU College of Dentistry

LOCKBOX SERVICES	FY14
DDA Maintenance	12
L/B Wholesale Monthly Maint.	57
L/B Wholesale Per Item Fee	3,059
L/B Wholesale Correspondence	196
L/B Wholesale Per Item Imaged	18,476
L/B Wholesale Keyed Fields	9,177
L/B Daily Summary Report	57
L/B Deposited Item - Out of State	2,288
L/B Deposited Item - Government	8
L/B Deposited Item - Oklahoma	619
L/B Deposited Item - Bancfirst	14
L/B Daily Transmission Monthly Charge	20
L/B Electronic Notice	1,191
L/B Image Break	18,476

Uniform Building Code Commission

LOCKBOX SERVICES	FY14
DDA Maintenance	12
L/B Wholesale Monthly Maint.	12
L/B Wholesale Per Item Fee	2,020
L/B Wholesale Photocopy	13
L/B Wholesale Correspondence	460
L/B Wholesale Per Item Imaged	4,299
L/B Wholesale Keyed Fields	4,040
L/B Deposited Item - Out of State	1,051
L/B Deposited Item - Government	31
L/B Deposited Item - Oklahoma	4,279
L/B Deposited Item - Bancfirst	-
L/B Daily Transmission Monthly Charge	-
L/B Electronic Notice	251