


# Registering your Account

“Statement Date” is found here.

The “account number” is found here.

if the information is incorrect, please contact our office at (432) 685-1522 so we may update your information. Phone: (432) 685-1522, 8:00am - 5:00pm, Monday - Friday Email: customerservice@midland-memorial.com



Statement Date: 03/15/11 Account Number: 1100999999

PATIENT NAME	DUE DATE	AMOUNT NOW DUE	AMOUNT PAID
TESTPATIENT, MARY S	04/09/11	PENDING	\$

Midland Memorial Hospital  
Business Office  
2200 West Illinois Ave  
Midland TX 79701

Check One (If Charge, Complete Information Below)  
Payment Enclosed Charge

VISA  American Express  Mastercard  Discover

Credit Card Number Exp Date

Credit Card Holder's Signature

FAP-882-A-0

The “patient last name” is found here.

“Amount Due” is found here. **Please note** if the amount due field reads “PENDING” you will need to enter 0.00 instead when registering your account.

If your statement looks different than the one shown above or is from one of our collection agencies, you will not be able to register the account online. Please call our Customer Service Department at (432) 685-1522 or email [customerservice@midland-memorial.com](mailto:customerservice@midland-memorial.com) for assistance.