SUPERIOR
AMBULANCE SERVICE

[redacted] CAROL STREAM, IL 60197 [redacted]

SAA 100

[redacted]

Payment Due

ⓘ If you have any questions, please call:
[redacted]

☐ Check if address/insurance changes are on back

Addressee

[redacted]

ELISABETH YODER
[redacted]

[redacted]

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Make a one-time payment | **QUICK PAY**

Fast Simple Secure

[redacted]superior.mysecurebill.com[redacted]

Account Number	Due Date	Amount Due	Amount Paid
[redacted]	Upon Receipt	$9,250.00	$

Please make checks payable and remit to:

[redacted]

SUPERIOR AMBULANCE OF OHIO
[redacted]

myEasyMatch Code: [redacted]

Please detach and return top portion with payment.

Account Number	Patient Name	Statement Date	Due Date
[redacted]	ELISABETH YODER	09/07/2025	Upon Receipt

Date	Service Description	Charges	Payments/ Adjustments	Patient Balance
	DARRAGH YODER *Loc: MERCY HEALTH - URBANA HOSPITAL to DAYTON CHILDRENS HOSPITAL*			
08/29/2025	SCT BASE RATE 2	$6,600.00		
08/29/2025	IV INFUSION PUMP	$250.00		
08/29/2025	PULSE OXIMETRY	$60.00		
	DISTANCE: 39 MILES AT $60 PER MILE	$2,340.00		
	Balance Due			$9,250.00

[redacted]

MESSAGES

PLEASE REMIT PAYMENT UPON RECEIPT. IF YOU HAVE INSURANCE, PLEASE COMPLETE THE BACK OF THIS FORM AND RETURN IT TO US OR CONTACT OUR BILLING OFFICE.

PAY ONLINE

Please visit superior.mysecurebill.com to quickly pay your bill online.

AMOUNT DUE: $9,250.00