## UCONN HEALTH

Date:

## REMITTANCE ADVICE - PATIENT SERVICES Credit Cards Only

Department	
Mailcode	MC
Prepared by:	

Extension:

Revised 05/18

DESCRIPTION	AMOUNT	FUND	ORGN	PGM	ACCT
Total					

Additional Notes / Text Space If Needed

Credit Cards	
Total	

Bursar's Office Processed By:	Extension 3191	MC 5105	Deposit Date	Deposit Slip Number