



U.S. Army Europe Regional Medical Command

Uniform Business Office

Medical Services Account Payments

<http://www.eubo.healthcare.hqusareur.army.mil>
usarmy.sembach.medcom-ermc.mbx.ermc-eubo@mail.mil

DSN 314-590-7400 or Commercial 011-49-6371-9464-7400

Do NOT use this form to pay delinquent debt that has been transferred to the U.S. Treasury. If your debt is being managed by the U.S. Treasury, please contact them at the address listed on the debt notification letter that you received in the mail.

* Required Field

* Sponsor First Name: * Sponsor Last Name:

Patient Name:

* Mailing Address:

Mailing Address 2: * City/APO/FPO:

* State/Province: * Zip/Postal Code:

* Country:

* Phone Number: Phone Ext:

* Email Address:

My mailing address is the same as my billing address.

* Account(s):

	DIV	Account#	\$ Amount		DIV	Account#	\$ Amount
Example:	LSL	- A12345	\$63.23				
#1	<input type="text"/>	- <input type="text"/>	<input type="text"/>	#11	<input type="text"/>	- <input type="text"/>	<input type="text"/>
#2	<input type="text"/>	- <input type="text"/>	<input type="text"/>	#12	<input type="text"/>	- <input type="text"/>	<input type="text"/>
#3	<input type="text"/>	- <input type="text"/>	<input type="text"/>	#13	<input type="text"/>	- <input type="text"/>	<input type="text"/>
#4	<input type="text"/>	- <input type="text"/>	<input type="text"/>	#14	<input type="text"/>	- <input type="text"/>	<input type="text"/>
#5	<input type="text"/>	- <input type="text"/>	<input type="text"/>	#15	<input type="text"/>	- <input type="text"/>	<input type="text"/>
#6	<input type="text"/>	- <input type="text"/>	<input type="text"/>	#16	<input type="text"/>	- <input type="text"/>	<input type="text"/>
#7	<input type="text"/>	- <input type="text"/>	<input type="text"/>	#17	<input type="text"/>	- <input type="text"/>	<input type="text"/>
#8	<input type="text"/>	- <input type="text"/>	<input type="text"/>	#18	<input type="text"/>	- <input type="text"/>	<input type="text"/>
#9	<input type="text"/>	- <input type="text"/>	<input type="text"/>	#19	<input type="text"/>	- <input type="text"/>	<input type="text"/>
#10	<input type="text"/>	- <input type="text"/>	<input type="text"/>	#20	<input type="text"/>	- <input type="text"/>	<input type="text"/>

Where do I find this information?

Total Payment (sum of Accounts 1-20 above):