



Center for International Health & Telemedicine  
国际健康及远程医疗中心

**Bank Wire Transfer • 银行电汇说明**

NAME • 姓名:	
MRN • 电子病历号:	
HAR • 医院账户:	
DATE • 日期:	

\* Please fill out only in English 请仅用英文填写

Dear • 亲爱的 \_\_\_\_\_,

Payment for medical services are now required for services to be performed. Payment may be made via wire transfer by using the following directions. Please be sure to include the name and medical record number of the patient on the transfer along with any fees to complete the transaction for:

为了医疗服务的执行，目前需要支付医疗费用。费用可根据以下说明通过电汇形式支付。请在以下电汇单上填写正确的患者的姓名和电子病历号(MRN)，以及任何完成交易所需的费用：

Patient • 患者姓名:	
Medical Record Number • 电子病历号:	
HAR • 医院账户:	
Balance Amount Due • 到期金额:	\$ _____ USD

Bank • 银行: City National Bank  
400 No. Roxbury Dr.  
Beverly Hills, CA 90210

Telex: 825717  
Cable ID: CINABANK  
Swift: CINAUS6L (for international transfer wire • 国际电汇)  
ABA: 122016066 (for a domestic wire • 国内电汇)

Account Name: Cedars–Sinai Medical Center Treasurer's Account  
Account Number to Credit: Acct# 001 385 127

Please fax/email a copy of **your bank confirmation** to • 请将您的**银行确认**复印件传真或电邮到:

Cedars–Sinai Medical Center  
Center for International Health and Telemedicine  
ATTN: Holly Ghilotti  
FAX: 001–310–423–0166