


Sample Monthly Statement for services provided at Providence Hospitals



Business Office
P.O. Box 3299
Portland, OR 97208-3299

THIS IS A BILL

Important Message Date: 10-08-10

Total Balance Due: \$50.00

Thank you for choosing Providence. Your insurance has been billed. You are responsible for the amount listed by "Total Balance Due." Payment is due within 20 days.

Customer Service:
Phone: 503-215-4300 or 1-877-215-7833
Hours: Monday - Friday: 8:00 am - 8:00 pm,
Saturday: 9:00 am - 1:00 pm
Uninsured patients may qualify for free or reduced cost medical care. Contact us for information.

Mailing address of the person responsible for the account(s).

JOHN DOE
1234 ANYWHERE ST
PORTLAND, OR 97213

Reference Number: **C00000000**

ACCOUNT ACTIVITY	Total Charges	C R E D I T S			Remaining Balance	
		Insurance Payment	Adjustments	Payments by You	Awaiting Insurance	Due from You
JOHN DOE Service: 09/15/10; Outpatient Place: PROVIDENCE ST VINCENT MED CTR V1234567890	200.00	-120.00	-30.00	0.00	0.00	50.00
SALLY DOE Service: 09/23/10; Lab Work Place: PROVIDENCE LABORATORY SERVICES P1234567890	80.00	0.00	0.00	0.00	80.00	
				Total Balance Due		\$50.00

Activity on all accounts for the responsible party.

Payment options and return coupon for payment by mail. A coupon will be here only if you have an amount due.

Get A Discount: when you pay IN FULL on the web or call us For balances over \$250 only.

To Pay On the Web: www.providence.org/billpay

To Pay By Phone: Call Customer Service

To Pay By Mail: Return to: Providence Health & Services
P.O. Box 3299, Portland, OR 97208-3299

CHECK - Make payable to: **Providence Health & Services**

CREDIT or DEBIT CARD

Card No. _____ Exp. Date _____

Card Holder Name _____

Signature _____

Payment will be applied to the following account FIRST unless otherwise specified: V1234567890

Payment due date.

Responsible Party: **DOE, JOHN**

Reference Number: C00000000 Due Date: 11/01/10

Total Balance Due	Minimum Amount Due	Payment Amount
\$50.00	See Reverse	\$ <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>

Check any that apply and complete information on reverse.

I am Paying the Minimum Amount

Address Change

The reverse side of the statement will have instructions for requesting a monthly payment plan.

This is the amount that is due.