

## Patient Bill Cover Page

### A. Guarantor Number:

Please have your account number ready when contacting us.

### B. Amount Due:

This is what you owe upon receipt of your bill. Please include the payment coupon with your payment.


### C. Insurance Payments/ Adjustments

### D: Questions:

Please call or write us if you have questions.

**NEW!** You can now view and pay your bill electronically via your MyChart account. If you do not have a MyChart account, request one at your next appointment.

Amount Due	Due By
<b>B</b> \$2,761.65	Upon Receipt



**Business Office Location:**  
323 E. 2nd Street, The Dalles, OR 97058

**Payment Drop Box Location:**  
3rd Street, between Union & Court Street on left side of street

If you are unable to pay the balance due, you may qualify for financial assistance. Contact us for information.  
Si usted no puede pagar el saldo. Podría. Calificar para asistencia financiera, llámenos por más información.

541-296-7500

**A** Guarantor#: 000000123      Patient: Jane Doe

New Services	0.00	<b>Amount Due</b>
Previous Services	3,057.00	
<b>Total Charges</b>	<b>3,057.00</b>	
Patient Payments/Adjustments	-295.35	<b>Amount Due</b>
Insurance Payments/Adjustments	-295.35	
<b>Total Payments/Adjustments</b>	<b>2,761.65</b>	
<b>Total Balance</b>	<b>2,761.65</b>	

**D** **Pay by Phone:** Call us at 541-296-7504 to pay by credit card or check. 8 AM to 5 PM Monday through Friday.

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Please Detach and Return Below Portion with your Payment

MID-COLUMBIA MEDICAL CENTER  
PO BOX 1580  
THE DALLES OR 97058

**ADDRESS SERVICE REQUESTED**

Statement Date: 03/30/17

Guarantor #: 000000123

Jane Doe  
1234 5th Street  
The Dalles, OR 97058

<b>Amt Owed: 2,761.65</b>	<b>Amt Paid:</b>
<b>IF PAYING BY CREDIT CARD, FILL OUT BELOW</b>	
Cardholder Name	Security Code
Card Number	Expiration Date
Signature	
<input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER	

**Mail Payment To**  
Mid-Columbia Medical Center  
PO Box 1580  
The Dalles OR 97058

My address or insurance information has changed. I have written these changes on the back of this form.

**We have significantly changed the detailed information on patient bills. Below is information for how to read the details page of your new bill.**

**A. Date of Service:**

This is the date of your visit or procedure.

**B. Description:**

This section provides information about the care you received at MCMC. Details include charges, payments adjustments and patient balance.

**C. Balance Due:**

This is what you owe.

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**MCMC**  
MID-COLUMBIA MEDICAL CENTER  
a Designated Primary Care Hospital

Amount Due		Due By	
\$2,761.65		Upon Receipt	

Account# 0000000123  
Outpatient (01/04/17)  
**YOUR ACCOUNT IS PAST DUE. IMMEDIATE PAYMENT IN FULL IS REQUESTED.**  
To discuss other possible payment arrangements, please call our Self-Pay Team at 541-296-7500 today.

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Jan 04, 2017	NUCLEAR MEDICINE - DIAGNOSTIC RADIOPHARMACEUTICALS	150.00			
	MAGNETIC RESONANCE TECHNOLOGY (MRT) MRI BRAIN (INCLUDING BRAIN STEM)	2,907.00			
	PROVIDEN Insurance Payment - Jan 25, 2017			-142.50	
	PROVIDEN Contractural Adjustmen - Jan 25, 2017			-152.85	
Your Responsibility					<b>\$2,761.65</b>

Guarantor ID: 0000000123

Guarantor Name: Jane Doe