



AMOUNT DUE
\$7,353.60

Same design as physician bill

Color-coded
based on due date

This is your current HOSPITAL bill.
Pay \$7,353.60 now and receive a discount before 10/14/24



Patient Name
Cupidredthree R Zztest

Statement Date: 09/23/24
Account Number:
22232140002

Due Date:
10/14/24

Payment Options

Make Payment in Full



Scan the QR code or call our 24/7
automated payment line 888-918-
3512

Setup Payment Plan



Setup Payment Plan at
Ssmhealth.com/MyChart

Financial Assistance



Need financial assistance - visit
ssmhealth.com/financialaid

Clear concise payment options

Questions about your bill?
Call 888-918-3512. Mon-Thurs 8am-7pm or Friday 8am-5pm CST



PO BOX 411997 | ST LOUIS, MO 63141

ADDRESSEE:

Cupidredthree R Zztest
123 Cupid St
Oklahoma City, OK 23548

Account Number: 22232140002
Account Name: Cupidredthree R. Zztest

Please pay this amount \$7,353.60

Amount Enclosed:

MAKE CHECKS PAYABLE AND REMIT TO:

SSM Health St. Joseph Hospital - St. Charles
PO BOX 776236
CHICAGO IL 60677-2007

2223214000200007353601



ssmhealth.com/MyChart | 888-918-3512

Need financial assistance - visit ssmhealth.com/financialaid

Account Name: Cupidredthree R Zztest

Account Number: 22232140002

Statement Date: 09/23/24

Primary Insurance: Not on File

Secondary:

Acct# 22232140002 Cupidredthree R Zztest

Outpatient

SSM Health St. Joseph Hospital - St. Charles

Service Date 08/02/2023

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
	Cardiology - Stress Test	1,881.00			
	Cardiology - Echocardiology	5,400.00			
	Pharmacy Drugs Requiring Detailed Coding	72.60			
	Your Responsibility				7,353.60
	Balance Due				7,353.60

Itemized charges



YOUR NEXT STEP

Sign up for MyChart at
ssmhealth.com/MyChart

Use this code for activation:

M3KQ4-WC3KD-9BV6X