



Salem Hospital

A part of Salem Health

Guarantor Name: Sample Debtor
Master Account: INS015
Statement Date: May 2, 2012

AUTOMATED PAYMENT SYSTEM

Account Number: INS015

If you have any questions about your payment options, financial assistance, health insurance or questions about this bill, please call our Patient Service Team.

For 24-hour access to account information and to make payments by check or credit card, please call **(503) 581-1747**.

Account Summary

| Number | Patient Name | Svc Date | Balance |
|--------|--------------|----------|---------|
| INS031 | | INS030 | |
| INS034 | | INS033 | |
| INS037 | | INS036 | |
| INS040 | | INS039 | |
| INS043 | | INS042 | |
| INS046 | | INS045 | |
| INS049 | | INS048 | |
| INS052 | | INS051 | |
| INS055 | | INS054 | |
| INS058 | | INS057 | |

Total Amount Due: \$INS009

0

CONTACT INFORMATION

Visit Reason: INS012
Patient Service Team: (503) 581-1747
Telephone Hours: Mon to Thurs 8:00 AM - 6:00 PM
Friday 8:00 AM - 4:00 PM
Patient Financial Services Address: 3300 State St.
Salem, OR 97301
Office Hours: Mon to Friday 8:00 AM - 5:00 PM
Payment Address: PO Box 6990
Portland OR 97228-6990

Make Arrangements Today

Your account(s) remains unpaid. **We would appreciate your assistance in helping us resolve the balance that is due.** Please remit your payment upon receipt of this letter.

We are able to accept personal checks, American Express, Visa, Discover and Master Card. **If mailing in your payment, please use the detachable stub and envelope provided and write the account number on your check.**

Thank you for your prompt attention to this matter.

For information about this bill or to submit a payment please see the reverse side

**** SEPARATE AND RETURN BOTTOM PORTION WITH YOUR PAYMENT ****

REPRINT



Salem Hospital
PO Box 6990
Portland OR 97228-6990
RETURN SERVICE REQUESTED



Salem Hospital

A part of Salem Health

Account Number: INS015

8-ONHONL10-3032-1/06/10

12345678-000000-03-0-A-A



-YR1-REPRINT 8

Sample Debtor
1234 Main Street
Anytown MI 48307



Salem Hospital
PO Box 6990
Portland OR 97228-6990



UNDERSTANDING YOUR HOSPITAL BILL

Thank you for choosing Salem Hospital. We are dedicated to providing you with the finest in healthcare services. We understand that healthcare billing is a complicated process that can leave you with many questions. Therefore, we want to answer some of the more commonly asked questions.

Health Insurance:

Health insurance helps with many of the financial burdens of illness or injury, but it usually does not cover the entire bill. Each time you visit Salem Hospital, you will be asked to furnish us with your current insurance information, including any secondary insurance or Medicare supplemental insurance that you have. We can assist you by filing your claim with your insurance company, but you are ultimately responsible for your account. So, it is important to stay involved with your insurance company. You are expected to pay any deductible, co-pay and/or coinsurance amounts, and any charges not covered under your insurance. If you have additional insurance information that has not been billed, please contact us at **(503) 581-1747**.

Payment Options:

Payment for services is due upon receipt of the initial bill for self-pay accounts and upon receipt of the initial bill for patient responsibility after an insurance company has paid. Payment options include: cash, check, money order, debit card, American Express, Visa, Discover and Master Card. At any time you feel that you may have difficulty paying your hospital bill, you are invited to call us. A Patient Service Team representative can discuss payment alternatives that are available to you, including extended payment arrangements, financial assistance, and charity care considerations.

Financial Assistance (Charity Care):

Financial assistance (charity care) are a part of the services provided by Salem Hospital. For those unable to pay for necessary medical services, every effort will be made to assist you in obtaining help from public agencies. Those who do not qualify for public funding may be considered for charity care. Sources of income and a financial statement may be required in order to verify need. Any patient may apply. Please contact our Patient Service Team at the number listed below for assistance. We can only assist you in applying for financial assistance or establishing a payment arrangement if you contact us.

Billing Cycle:

An account number is assigned for each date of service. Once an account becomes patient responsibility, you will receive a statement showing the balance due for each date of service. For your convenience, accounts that become the patient's responsibility within 30 days of one another will automatically combine together and you will receive one statement for multiple accounts. If another account becomes patient responsibility outside of those 30 days, it will not automatically combine with the other accounts. However, you can contact our Patient Service Team and request to set up a payment arrangement, and request that all accounts be combined together.

A representative from our Patient Service Team is available to assist you with any questions concerning your hospital bill. Please call **(503) 581-1747** between the hours of 8:00AM and 7:00PM, Monday through Thursday and 8:00AM and 5:00PM on Friday, or visit us in person at 3300 State Street in Salem between the hours of 8:00 am and 5:00 pm, Monday through Friday.

**** SEPARATE AND RETURN BOTTOM PORTION WITH YOUR PAYMENT ****

PAYMENT FORM

Guarantor Name

Sample Debtor

Apply to Account Number

INS015

Credit Card or Checking Account Number

Signature

Payment Amount

Expiration Date

CCV2

Check Payment Card

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The CCV2 number is the last 3 or 4 digits on the back of your card by your signature