Intermountain Health

Amount Due:
$12,886.30

Account Activity

Guarantor Name:	Livio Sudiro
Guarantor Number:	1003675619
Statement Date:	10/7/2024
Due Date:	10/27/2024
Total Hospital Charges:	$242,793.85
Total Physician Charges:	$0.00
Total Payments/Adjustments:	-$229,907.55
Amount Due:	**$12,886.30**

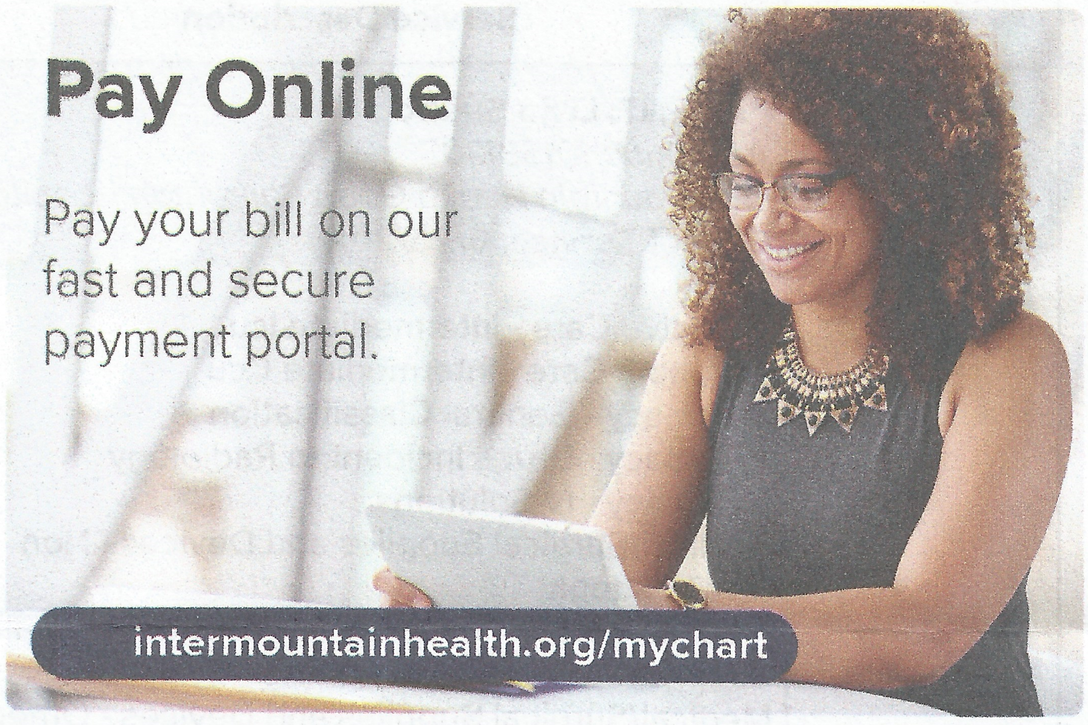
Past Due Notice

Thank you for choosing Intermountain Health for your healthcare needs. If you need assistance, we offer Payment Plans and a Financial Assistance Program for eligible patients.

For billing questions call us at 866-665-2636. Se Habla Espanol

Pay Online

Pay your bill on our fast and secure payment portal.



Manage Your Account

Self-Service Payment Plans
If you are unable to pay in full, please contact us at 866-665-2636 or visit intermountainhealth.org/mychart to set up a convenient monthly payment plan.

Sign-up for Paperless Billing
It's fast, easy and no postage necessary. Enroll today at intermountainhealth.org/mychart.

Mobile Quick Pay
Make an instant payment by using your smartphone!

Financial Assistance
You may qualify for financial assistance. To apply visit www.intermountainhealth.org/financialassistance or call us at 866-665-2636.

Intermountain Health
PO BOX 1259 DEPT #168041,OAKS, PA 19458

1 of 2

Have questions about your bill?
Call us: 866-665-2636 8:00am - 5:00pm Mon-Fri
Se habla espanol

ADDRESSEE:

LIVIO SUDIRO
722 ROCK RIDGE DR
LAFAYETTE CO 80026-8708

0026 012382

Guarantor Number:	1003675619
Due Date:	10/27/2024
Amount Due:	**$12,886.30**
Amount Paid:	$ _____

One-Time Payment: intermountainhealth.org/mychart

167972-PastDue-173

MAKE CHECKS PAYABLE AND REMIT TO:

Intermountain Health
PO BOX 200491
DALLAS TX 75320-0491

02 100724 1003675619 8 0001288630 9

Intermountain Health

Date	Service Description	Status	Charges	Payments/ Adjustments	Patient Balance
	PATIENT: Livio Sudiro *Account#: 101581303* *Intermountain Health Good Samaritan Hospital* **Date of Service: 6/25/2024**				
	Intensive Care - Intermediate Icu		$26,723.49		
	Coronary Care - Intermediate Ccu		$39,529.14		
	Pharmacy - General Classification		$1,087.45		
	Pharmacy - Drugs Incident to Radiology		$971.52		
	Pharmacy - IV Solutions		$92.50		
	Medical/Surgical Supplies and Devices - Non Sterile Supply		$1,907.52		
	Medical/Surgical Supplies and Devices - Sterile Supply		$21,568.68		
	Medical/Surgical Supplies and Devices - Other Implant		$8,749.91		
	Laboratory - General Classification		$1,095.64		
	Laboratory - Chemistry		$11,413.33		
	Laboratory - Hematology		$757.28		

Intermountain Health welcomes the opportunity to serve our patients and patient satisfaction is one of our top priorities. Please review this statement carefully.

Insurance:

If you have any questions regarding a deductible, co-insurance or other insurance payment amount, please contact your insurance company at the number provided on your insurance card.

Disputes:

If you believe a charge is not valid, you must dispute the charge in writing and submit by either email to Peaks_mychart_billing@imail.org or mail: Intermountain Health, Attn: Billing Inquiries, 500 Eldorado Blvd. Bldg. 4, Suite 4300, Broomfield, CO 80021-3408. The deadline to dispute charges is 60 days after receiving the bill for the charged services.

Financial Assistance:

Depending on your household income and family size, you may qualify for financial assistance. Please contact Patient Financial Services at 866-665-2636. Financial Assistance applications are available in your MyChart account, and can also be found at www.intermountainhealth.org/financialassistance.

Informacion de factura en Espanol:

Para obterner una explicacion de este estado de cuenta en Espanol o para escuchar su saldo o realizar un pago atraves de nuestro sistema de autoservicio en Espanol, llame al 866-665-2636 y seleccione 2 para el idioma espanol.

Intermountain Health

Date	Service Description	Status	Charges	Payments/ Adjustments	Patient Balance
	Radiology - Diagnostic - General Classification		$2,008.95		
	Anesthesia - General Classification		$567.22		
	Respiratory Services - General Classification		$3,758.95		
	Physical Therapy - General Classification		$1,369.40		
	Physical Therapy - Evaluation or Re-Evaluation		$383.00		
	Emergency Room - General Classification		$16,917.96		
	Pulmonary Function - General Classification		$2,740.90		
	Cardiology - Cardiac Cath Lab		$51,749.51		
	Cardiology - Echocardiology		$10,342.85		
	Pharmacy - Extension of 025x - Drugs Requiring Detailed Coding (A)		$37,140.37		
	Ekg/Ecg (Electrocardiogram) - General Classification		$875.68		
	Other Therapeutic Services - Cardiac Rehabilitation		$1,042.60		
9/9/2024	Ach Payment - Other			-$59,951.87	
9/9/2024	Contractual Credit Adjustment - Other			-$169,955.68	
	Amount Due This account is not currently on a payment plan.	**Past Due**			**$12,886.30**
	Total Amount Due				**$12,886.30**