




**TOTAL PAYMENT DUE**
**\$25.00**

| GUARANTOR NAME              | MEDICAL RECORD # | GUARANTOR ID | STATEMENT DATE | DUE DATE |
|-----------------------------|------------------|--------------|----------------|----------|
| OLUWATOSIN NICHOLAS AWONUGA | 14914451         | 106108135    | 1/25/2020      | 02/24/20 |

**You have a past due balance(s).** Payment is required immediately. Listed below are our payment options.

**PAYMENT  
OPTIONS**

You may pay your bill in full with a check, credit card, or debit card:

-  Pay online at [www.mybswhealth.com](http://www.mybswhealth.com)
-  Mail the payment using the slip below
-  Pay-by-Phone 1-800-994-0371


**PAYMENT  
PLAN**

If you are unable to pay your bill in full and would like to set up an interest-free payment arrangement or have new account balances that you would like to combine with your existing payment plan agreement, please call Customer Service at 1-800-994-0371.

**FINANCIAL  
ASSISTANCE**

If you are unable to pay your balance, you may be eligible for financial assistance. Please call Customer Service at 1-800-994-0371. You may also visit our website to obtain a copy of the Financial Assistance Policy, Application Form, and Plain Language Summary at: [BSWHealth.com/FinancialAssistance](http://BSWHealth.com/FinancialAssistance)


**Go green with  
paperless billing**

Register your account in  
MyChart:  
[www.mybswhealth.com](http://www.mybswhealth.com)

**Pay your bill, access  
your account detail,  
review your medical  
record and more with  
MyChart**

Go to:  
[www.mybswhealth.com](http://www.mybswhealth.com)

**QUESTIONS?**

 Call Customer Service at 1-800-994-0371  
Monday through Friday 8:00AM - 5:00PM  
Or email [BillingQuestions@BSWHealth.org](mailto:BillingQuestions@BSWHealth.org)

*detailed summary* ➤

124056-CTX-PD-787586540000

Detach this slip and return with your payment



Dept. 123477  
PO Box 1259  
Oaks PA 19456

RETURN SERVICE REQUESTED



Pay online at [www.mybswhealth.com](http://www.mybswhealth.com)

OLUWATOSIN NICHOLAS AWONUGA  
9200 QUAIL MEADOW DR  
AUSTIN TX 78758-6540



| IF PAYING BY CREDIT/DEBIT CARD |                                     |   |
|--------------------------------|-------------------------------------|---|
| <input type="checkbox"/> VISA  | <input type="checkbox"/> MASTERCARD | <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER |
| CARD NUMBER                    | SECURITY CODE                       | EXP DATE  |
| SIGNATURE                      |                                     |   |
| STATEMENT DATE                 | GUARANTOR ID                        | DUE DATE  |
| 1/25/2020                      | 106108135                           | 02/24/20  |
| AMOUNT DUE                     | SHOW AMOUNT PAID HERE               |   |
| <b>\$25.00</b>                 |                                     |   |

PLEASE MAKE CHECKS PAYABLE TO:  
BAYLOR SCOTT & WHITE HEALTH

Baylor Scott & White Health  
PO Box 674350  
Dallas TX 75267-4350



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**ACCOUNT SUMMARY**

|                                |                |
|--------------------------------|----------------|
| Amount Paid By Your Insurance  | \$134.62       |
| Amount Paid By You             | \$0.00         |
| <b>Current Account Balance</b> | <b>\$25.00</b> |

**Patient: Oluwatosin Nicholas Awonuga Awofeso**

| FACILITY/<br>PROVIDER        | SERVICE<br>DATE | SERVICE DESCRIPTION   | ACCOUNT<br>NUMBER | CHARGES       | ADJUSTMENT/<br>DISCOUNTS | INSURANCE<br>PAYMENTS | PATIENT<br>PAYMENTS | BALANCE<br>DUE |
|------------------------------|-----------------|---|-------------------|---------------|--------------------------|-----------------------|---------------------|----------------|
| Barr, Fredricka<br>Renee, MD | 10/31/2019      | IPRATROPIUM-ALBUTEROL 0.5 MG-3<br>MG(2.5 MG BASE)/3 ML NEBULIZATION<br>SOLN | 10012475922       | 2.00          |                          |                       |                     |                |
|                              |                 | PR EST OFFICE OUTPATIENT VIST LVL 4   |                   | 209.00        |                          |                       |                     |                |
|                              |                 | PRESSURIZED/NONPRESSURIZED<br>INHALATION TREATMENT                          |                   | 71.00         |                          |                       |                     |                |
|                              |                 | <b>TOTAL CHARGES</b>  |                   | <b>282.00</b> |                          |                       |                     |                |
|                              |                 | INSURANCE PAYMENT - United Healthcare                                       |                   |               |                          | -134.62               |                     |                |
|                              |                 | <b>Total Discounts &amp; Adjustments</b>                                    |                   |               | <b>-122.38</b>           |                       |                     |                |
|                              |                 | <b>PAST DUE BALANCE</b>   |                   | <b>282.00</b> | <b>-122.38</b>           | <b>-134.62</b>        | <b>0.00</b>         | <b>25.00</b>   |

**The amounts are currently past due. Please remit payment as soon as possible.**

As part of its mission and commitment to the community, Baylor Scott & White Health affiliated hospitals provide financial assistance to patients who qualify for assistance pursuant to Baylor Scott & White's Financial Assistance Policy (FAP).

### Eligibility Requirements:

All patients can qualify for financial assistance for emergency care or when a Baylor Scott & White facility accepts a transfer from another facility. For non-emergency, medically necessary care, financial assistance is available to patients living in the Baylor Scott & White service area described below as long as the facility is the closest provider to their current residence (including non-Baylor Scott & White affiliated facilities) providing their care.

Established discount guidelines are utilized to determine what amount, if any, will qualify for financial assistance.

- Generally, qualifying patients with family income at or below 200% of the Federal Poverty Guidelines (FPG) will receive a 100% discount.
- Qualifying patients with family incomes ranging from greater than 200% up to 500% of FPG, with Baylor Scott & White medical bills equal to or greater than 5% of their yearly income, are eligible to pay a discounted amount that is the lesser of the patient's account balance or 10% of gross charges.
- Patients must exhaust all other payment options, third-party funding, and medical assistance programs. If a patient does not cooperate and pursue all options, financial assistance may be denied or revoked if already approved.

### How to Apply for Financial Assistance:

Free copies of the FAP and the FAP application, and assistance with answering questions and completing the application, can be obtained through any of these sources:

- In person: Hospital Admission Office
- Over the phone: 1.800.994.0371
- Online: [BSWHealth.com/FinancialAssistance](https://www.bswhealth.com/FinancialAssistance)
- By mail: Baylor Scott & White Health – Central Texas  
Attn: Financial Assistance Dept.  
2001 Bryan St., Suite 2600  
Dallas, TX 75201

Additionally, Baylor Scott & White can initiate an assistance application on behalf of the patient. There is no assurance that the patient will qualify for financial assistance. English, Spanish and certain other language versions of this communication, the FAP and the FAP application are available upon request.

### Charges for Emergency or Medically Necessary Care:

No patient who qualifies for financial assistance will be charged more for emergency or other medically necessary care than amounts generally billed to patients having insurance.

### Baylor Scott & White Service Area

Patients living in the counties listed below are eligible for financial assistance for non-emergency, medically necessary care.

|          |           |           |          |            |            |        |
|----------|-----------|-----------|----------|------------|------------|--------|
| Bell     | Blanco    | Brazos    | Burleson | Burnet     | Collin     | Cooke  |
| Coryell  | Dallas    | Denton    | Ellis    | Grayson    | Gregg      | Grimes |
| Hays     | Henderson | Hood      | Hunt     | Johnson    | Kaufman    | Llano  |
| McLennan | Milam     | Navarro   | Parker   | Rockwall   | San Saba   | Smith  |
| Tarrant  | Travis    | Van Zandt | Waller   | Washington | Williamson | Wood   |