



Bozeman Outpatient Surgery Center

PAYMENT DUE
\$38.11

PATIENT NAME	PATIENT REF. NO.	SERVICE DATE(S)	DUE DATE
ISABELLA WIELAND	32727	09/08/2025	Due Upon Receipt

This is your Bozeman Outpatient Surgery Center bill.

Hi, JEFF! Thank you for trusting us with your healthcare needs. We have billed your insurance company; the above amount is your responsibility to date. Please note that each service date will be a separate patient reference number, therefore you may receive multiple bills with similar amounts due but with different service dates(s).

YOUR NEXT STEP

Make Payment with options below



PAY ONLINE

Pay in full or select payment plan options easily and securely online at bwa.simpleeapay.com



PAY BY MAIL OR BY PHONE

Pay by mail with the coupon below or call 1(877)790-2346; TTY:711 Monday - Friday 7:30am - 7:00pm CT.



CALL THE BILLING OFFICE

For payment assistance or questions about your bill contact us at 1(877)790-2346; TTY:711 Monday - Friday 7:30am - 7:00pm CT.

See reverse for Frequently Asked Questions & Important Information

Detach section below and return with your payment.

☐ Check if address/insurance changes are on back.



PO BOX 1259
DEPT # 148905
OAKS, PA 19456



PAY ONLINE AT
bwa.simpleeapay.com



or Scan the QR Code

BILLING DATE	PATIENT REF. NO.	DUE DATE
09/22/2025	32727	Due Upon Receipt
AMOUNT DUE	AMOUNT PAID	
\$38.11		

JEFF WIELAND
1415 BROOKDALE DR
BOZEMAN MT 59715-8248



PLEASE MAKE CHECKS PAYABLE TO:

Bozeman Outpatient Surgery Center
875 S COTTONWOOD RD STE 100
BOZEMAN MT 59718-4221



Q2122250 USPEOSTM 372179125754001

FREQUENTLY ASKED QUESTIONS

What is Coordination of Benefits (COB)?

Your insurance will periodically request confirmation if you have more than one insurance plan that could potentially cover services provided.

Why am I receiving this bill?

You are receiving this bill because you are being charged for healthcare services we've provided.

What is an accident questionnaire?

A questionnaire you may receive requesting information regarding the incident to help determine liability, e.g. location, date, and circumstances.

What if I need assistance in paying my bill?

We accept the CareCredit credit card to help you finance your healthcare wants or needs. It can be used for out-of-pocket expenses like deductibles and copays not covered by insurance. Simply scan the QR code or use the link below to learn more.
<https://www.carecredit.com/go/762CNQ/>



IMPORTANT INFORMATION

Please note that the amount due may increase or decrease depending on any amount that is or is not covered by health insurance or other third party coverage for medical services received.

To initiate a grievance, please send to the address below.

Bozeman Outpatient Surgery Center
PO BOX 660873
DALLAS TX 75266-0873

Payment Only Address:

Bozeman Outpatient Surgery Center
875 S COTTONWOOD RD STE 100
BOZEMAN MT 59718-4221

We do not accept or honor any notation offer of compromise such as "Payment in Full" written on checks or accompanying materials.

detailed summary on next page >

IF ANY OF THE FOLLOWING HAS CHANGED SINCE YOUR LAST STATEMENT, PLEASE INDICATE

IF WE DO NOT HAVE YOUR INFORMATION, OR IF ANY OF THE FOLLOWING HAS CHANGED SINCE YOUR LAST STATEMENT, PLEASE INDICATE...

PATIENT INFORMATION

Your Name (Last, First, Middle Initial)		Date of Birth
Address		
City	State	Zip
Telephone ()		
Social Security #		
Employer's Name		Telephone ()
Employer's Address		
City	State	Zip
Please Indicate if Applicable: <input type="checkbox"/> AUTO ACCIDENT <input type="checkbox"/> WORKER'S COMPENSATION		Date of Injury

INSURANCE INFORMATION

Your PRIMARY Insurance Company's Name		
Primary Insurance Company's Address		
City	State	Zip
Policyholder Name	Date of Birth	Sex
Policyholder's ID Number	Group Plan Number	
Your SECONDARY Insurance Company's Name		
Secondary Insurance Company's Address		
City	State	Zip
Policyholder Name	Date of Birth	Sex
Policyholder's ID Number	Group Plan Number	

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CHARGE(S) INCLUDED:

AMBULATORY SURGERY	\$4,221.00
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Total Charges:	\$4,221.00
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Adjustments:	-\$1,266.30
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Amount Insurance Paid:	-\$2,659.23
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Your Previous Payments:	-\$257.36
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BALANCE YOU OWE TO DATE: \$38.11

PRIMARY INSURANCE:

Insurance Name	BCBS MONTANA
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ID Number	XRP337M92632
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SECONDARY INSURANCE:

Insurance Name	NONE ON FILE
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ID Number	NONE ON FILE
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Register to receive your bills electronically.
Visit: bwa.simplepay.com

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