

Patient Bill Cover Page

A. Guarantor Number:

Please have your account number ready when contacting us.

B. Amount Due:

This is what you owe upon receipt of your bill. Please include the payment coupon with your payment.

C. Insurance Payments/ Adjustments

D: Questions:

Please call or write us if you have questions.

NEW! You can now view and pay your bill electronically via your MyChart account. If you do not have a MyChart account, request one at your next appointment.

MCMC
MID-COLUMBIA MEDICAL CENTER
a Disproportionate Share Hospital

Amount Due	Due By
B \$2,761.65	Upon Receipt

Business Office Location:
323 E. 2nd Street, The Dalles, OR 97058

Payment Drop Box Location:
3rd Street, between Union & Court Street on left side of street

If you are unable to pay the balance due, you may qualify for financial assistance. Contact us for information.
Si usted no puede pagar el saldo. Podría. Calificar para asistencia financiera, llámenos por más información.

541-296-7500

A Guarantor#: 000000123

New Services	0.00	Amount Due
Previous Services	3,057.00	
Total Charges	3,057.00	
Patient Payments/Adjustments	0.00	\$2,761.65
Insurance Payments/Adjustments	-295.35	
Total Payments/Adjustments	-295.35	
Total Balance	2,761.65	

C

D Pay by Phone: Call us at 541-296-7504 to pay by credit card or check. 8 AM to 5 PM Monday through Friday.

Please Detach and Return Below Portion with your Payment

MID-COLUMBIA MEDICAL CENTER
PO BOX 1580
THE DALLES OR 97058

ADDRESS SERVICE REQUESTED

Statement Date: 03/30/17

Guarantor #: 000000123

Jane Doe
1234 5th Street
The Dalles, OR 97058

Amt Owed: 2,761.65	Amt Paid:
IF PAYING BY CREDIT CARD, FILL OUT BELOW	
Cardholder Name	Security Code
Card Number	Expiration Date
Signature	
<input type="checkbox"/> VISA	<input type="checkbox"/> MC
<input type="checkbox"/> AMEX	<input type="checkbox"/> DISCOVER

Mail Payment To
Mid-Columbia Medical Center
PO Box 1580
The Dalles OR 97058

My address or insurance information has changed. I have written these changes on the back of this form.

We have significantly changed the detailed information on patient bills. Below is information for how to read the details page of your new bill.

A. Date of Service:

This is the date of your visit or procedure.

B. Description:

This section provides information about the care you received at MCMC. Details include charges, payments adjustments and patient balance.

C. Balance Due:

This is what you owe.

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MCMC
MID-COLUMBIA MEDICAL CENTER
a Designated Primary Care Patient-Centered Hospital

		Amount Due	Due By
		\$2,761.65	Upon Receipt

Account# 0000000123
Outpatient (01/04/17)
YOUR ACCOUNT IS PAST DUE. IMMEDIATE PAYMENT IN FULL IS REQUESTED.
To discuss other possible payment arrangements, please call our Self-Pay Team at 541-296-7500 today.

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Jan 04, 2017	NUCLEAR MEDICINE - DIAGNOSTIC RADIOPHARMACEUTICALS	150.00			
	MAGNETIC RESONANCE TECHNOLOGY (MRT) MRI BRAIN (INCLUDING BRAIN STEM)	2,907.00			
	PROVIDEN Insurance Payment - Jan 25, 2017			-142.50	
	PROVIDEN Contractural Adjustmen - Jan 25, 2017			-152.85	
Your Responsibility					\$2,761.65

Guarantor ID: 0000000123

Guarantor Name: Jane Doe