

HOW TO READ YOUR STATEMENT

- 1 Credit Cards – We accept all major Credit Cards and Debit Cards including MasterCard, Visa, Discover, and American Express (See reverse side of statement)
- 2 Statement Date – The date the statement was created
- 3 Account Number – Please reference this number when contacting our office
- 4 Total Amount Due – Amount due from you for this statement
- 5 Name and Address of Guarantor/Responsible Party
- 6 Address Change – Check this box if the information has changed. (See the reverse side of the statement to update your information)
- 7 Remittance Header – Tear on the perforation and return the top portion of your statement with your payment. Keep the lower portion for your records.
- 8 eStatements – The link that provides information to register for online statements and to make payments online
- 9 Date – Date on which the service was provided
- 10 Provider – Provider who performed the services
- 11 Patient Name/Description – Name of the patient who received the services listed. Description of services provided
- 12 Insurance Pending – Amount of the charge waiting for your insurance to process
- 13 Charges and Debits – Charges and/or debits for this billing period
- 14 Payments and Credits – Payments and/or credits for this billing period
- 15 Amount Due – Balance Due at this time for each visit
- 16 Keep this portion of the statement for your records
- 17 Our contact information to inquire about financial assistance or ask questions about your account
- 18 Summary of balances on this billing statement
- 19 Billing Messages – Message regarding your account status



PO BOX 399 STANLEY, ND 58784 0399
 ADDRESS SERVICE REQUESTED
 (701) 628-2505
 www.stanleyhealth.org

If paying by one of these credit cards, please enter the information on the reverse side.

| | | | |
|---|----------------------------|--------------------|--------------------------------|
| 1 | | | |
| 2 | STATEMENT DATE 02/17/17 | 3 | ACCOUNT NUMBER XXXX-XXXXXXX |
| | | 4 | TOTAL AMOUNT DUE \$24.50 |
| | PAGE NUMBER 1 of 1 | Amount Enclosed \$ | |

MAKE CHECK PAYABLE TO:



MOUNTRAIL CTY MEDICAL CTR
 PO BOX 399
 STANLEY, ND 58784 0399

8
 ONLINE ENROLLMENT NUMBER
 99999999

5
 SUZY Q SUNSHINE
 123 4th ST SW
 MINOT, ND 58701

6
 Check box if address is incorrect or has changed and indicate change(s) on reverse side.

7
CLINIC STATEMENT Please detach and return top portion with payment.

| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|----------|--------------|-----------------------------------|-------------------|--------------------|----------------------|------------|
| DATE | PROVIDER | PATIENT NAME / DESCRIPTION | INSURANCE PENDING | CHARGES AND DEBITS | PAYMENTS AND CREDITS | AMOUNT DUE |
| 08/11/16 | NARDACCI DNP | SUZY OFFICE/O-P VISIT,EST,LVL4 | \$0.00 | \$215.00 | | \$24.50 |
| 02/17/17 | NARDACCI DNP | BLUE SHIELD ADJUSTMENT | | | -\$32.76 | |
| 02/17/17 | NARDACCI DNP | BLUE SHIELD PAYMENT | | | -\$157.74 | |
| 08/11/16 | NARDACCI DNP | SUZY GLUCOSE BLOOD STICK TEST | \$0.00 | \$40.00 | | \$0.00 |
| 02/17/17 | NARDACCI DNP | BLUE SHIELD ADJUSTMENT | | | -\$35.90 | |
| 02/17/17 | NARDACCI DNP | BLUE SHIELD PAYMENT | | | -\$4.10 | |

16
 17

You may be eligible for a **PROMPT-PAY DISCOUNT** if you pay your balance in full within 30 days of the statement date listed above. To receive the discount, please contact Business Services at 701-628-2505. Office Hours are Monday thru Friday 8:00am - 5:00pm CST.

| | | | |
|-----------------------------|--|---------------------------|-----------------------------------|
| STATEMENT DATE 02/17/17 | PLEASE REFER TO THIS # WHEN INQUIRING ABOUT YOUR STATEMENT → | | XXXX-XXXXXXX |
| INSURANCE PENDING \$0.00 | CURRENT AMOUNT DUE \$24.50 | PAST DUE AMOUNT \$0.00 | 18 TOTAL AMOUNT DUE \$24.50 |

SEND INQUIRES/PAYMENTS TO:
 MOUNTRAIL CTY MEDICAL CTR
 PO BOX 399
 STANLEY, ND 58784 0399

19 All balances are due upon receipt.

All balances are due upon receipt of this statement. If you cannot pay the balance in full, have questions about your statement, or would like to discuss financial assistance options, please contact Business Services. (See contact information on the back of this statement.)