




Account number: 424999
 Responsible party: Jane Doe Statement
 Statement date: 04/03/22

Bill Summary	Pay Online at: https://www.smgoregon.com/patient-billing/
<p>Balance Due:</p> <p>Your insurance has been billed. Your balance is below:</p> <p>Please pay or set up a payment plan \$8,713.70</p> <p>Scan QR code below to Pay Online</p> 	<p>Sign up for a mychart account for access to:</p> <ul style="list-style-type: none"> - Communicate with your provider - Test results and visit details - Manage appointments - Bill pay and Payment plans <p>Activation code : C8PP7-RR9WV Not interested in signing up for MyChart? Use this info for Guest pay Account # : 424999 Guarantor last name: Doe Statement</p>
<p>Payment Due Date: 4/24/2022</p>	<p>Proposed payment plan : Proposed number of payments : 12 Proposed monthly payment : \$ 726.15</p>

Your balance is currently past due. Please submit payment in full. For questions regarding your bill please contact one of our billing representatives at 541-317-4200 from 8:00 am to 4:00 pm Monday through Friday.

Keep this portion for your records

Detach this portion and return with your payment



Summit Health
 PO Box 6048
 Bend, OR 97708-6048

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

Payment Information :

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover
CARDHOLDER NAME :			
CARD #		EXPIRATION:	
SIGNATURE :			
AMOUNT DUE	DUE DATE	AMOUNT ENCLOSED	
\$8,713.70	4/24/2022	\$	

Please make checks payable and mail to :
 Summit Health
 PO BOX 6337
 Portland OR 97228-6337

Jane Doe Statement
 32145 Statement Test Ln
 PELL CITY AL 35125



Account number: 424999
 Responsible party: Jane Doe Statement
 Statement date: 04/03/22

Charges				
Date	Description	Charges	Credits	Balance
Visit on 3/21/2022 with FELDMAN, MICHAEL - Patient DOE STATEMENT,JANE				
03/21/2022	INITIAL HOSPITAL CARE/DAY 70 MINUTES	\$655.00	-\$98.25	\$556.75
Visit on 3/22/2022 with FELDMAN, MICHAEL - Patient DOE STATEMENT,JANE				
03/22/2022	SBSQ HOSPITAL CARE/DAY 25 MINUTES	\$236.00	-\$35.40	\$200.60
Visit on 3/23/2022 with FELDMAN, MICHAEL - Patient DOE STATEMENT,JANE				
03/23/2022	SBSQ HOSPITAL CARE/DAY 25 MINUTES	\$236.00	-\$35.40	\$200.60
Visit on 3/24/2022 with FELDMAN, MICHAEL - Patient DOE STATEMENT,JANE				
03/24/2022	SBSQ HOSPITAL CARE/DAY 25 MINUTES	\$236.00	-\$35.40	\$200.60
Visit on 3/4/2022 with MASSINE, RUSSELL - Patient DOE STATEMENT,JANE				
03/04/2022	SBSQ HOSPITAL CARE/DAY 25 MINUTES	\$236.00	-\$35.40	\$200.60
Visit on 3/5/2022 with MASSINE, RUSSELL - Patient DOE STATEMENT,JANE				
03/05/2022	SBSQ HOSPITAL CARE/DAY 25 MINUTES	\$236.00	-\$35.40	\$200.60
Visit on 3/6/2022 with MASSINE, RUSSELL - Patient DOE STATEMENT,JANE				
03/06/2022	SBSQ HOSPITAL CARE/DAY 25 MINUTES	\$236.00	-\$35.40	\$200.60
Visit on 3/7/2022 with MASSINE, RUSSELL - Patient DOE STATEMENT,JANE				
03/07/2022	SBSQ HOSPITAL CARE/DAY 25 MINUTES	\$236.00	-\$35.40	\$200.60
Visit on 3/8/2022 with MASSINE, RUSSELL - Patient DOE STATEMENT,JANE				
03/08/2022	SBSQ HOSPITAL CARE/DAY 35 MINUTES	\$337.00	-\$50.55	\$286.45
Visit on 3/9/2022 with MASSINE, RUSSELL - Patient DOE STATEMENT,JANE				
03/09/2022	SBSQ HOSPITAL CARE/DAY 35 MINUTES	\$337.00	-\$50.55	\$286.45
Visit on 3/10/2022 with MASSINE, RUSSELL - Patient DOE STATEMENT,JANE				
03/10/2022	SBSQ HOSPITAL CARE/DAY 25 MINUTES	\$236.00	-\$35.40	\$200.60
Visit on 2/21/2022 with NEHRING, JESSICA - Patient DOE STATEMENT,JANE				
02/21/2022	INITIAL HOSPITAL CARE/DAY 70 MINUTES	\$655.00	-\$98.25	\$556.75
Visit on 2/21/2022 with PINNICK, ROBERT - Patient DOE STATEMENT,JANE				
02/21/2022	INITIAL HOSPITAL CARE/DAY 70 MINUTES	\$655.00	-\$98.25	\$556.75
Visit on 2/22/2022 with PINNICK, ROBERT - Patient DOE STATEMENT,JANE				
02/22/2022	SBSQ HOSPITAL CARE/DAY 25 MINUTES	\$236.00	-\$35.40	\$200.60
Visit on 2/28/2022 with PINNICK, ROBERT - Patient DOE STATEMENT,JANE				
02/28/2022	ESRD SERVICES, HOME DIALYSIS, PER MONTH, 20+ YR OLD	\$773.00	\$0.00	\$773.00
Visit on 3/11/2022 with PINNICK, ROBERT - Patient DOE STATEMENT,JANE				
03/11/2022	SBSQ HOSPITAL CARE/DAY 35 MINUTES	\$337.00	-\$50.55	\$286.45
Visit on 3/12/2022 with PINNICK, ROBERT - Patient DOE STATEMENT,JANE				
03/12/2022	SBSQ HOSPITAL CARE/DAY 25 MINUTES	\$236.00	-\$35.40	\$200.60
Visit on 2/23/2022 with TILLEY, MOLLY - Patient DOE STATEMENT,JANE				
02/23/2022	SBSQ HOSPITAL CARE/DAY 25 MINUTES	\$236.00	-\$35.40	\$200.60



Account number: 424999
Responsible party: Jane Doe Statement
Statement date: 04/03/22

Date	Description	Charges	Credits	Balance
Visit on 3/1/2022 with TILLEY, MOLLY - Patient DOE STATEMENT,JANE				
03/01/2022	INITIAL HOSPITAL CARE/DAY 50 MINUTES	\$443.00	-\$66.45	\$376.55
Visit on 3/2/2022 with TILLEY, MOLLY - Patient DOE STATEMENT,JANE				
03/02/2022	SBSQ HOSPITAL CARE/DAY 25 MINUTES	\$236.00	-\$35.40	\$200.60
Visit on 3/3/2022 with TILLEY, MOLLY - Patient DOE STATEMENT,JANE				
03/03/2022	SBSQ HOSPITAL CARE/DAY 25 MINUTES	\$236.00	-\$35.40	\$200.60
Visit on 3/7/2022 with WEED, MATTHEW - Patient DOE STATEMENT,JANE				
03/07/2022	INITIAL HOSPITAL CARE/DAY 50 MINUTES	\$443.00	-\$66.45	\$376.55
03/07/2022	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	\$1,246.00	-\$186.90	\$1,059.10
Visit on 2/22/2022 with WALKER, KIRK - Patient DOE STATEMENT,JANE				
02/22/2022	ECHO HEART XTHORACIC,COMPLETE W DOPPLER	\$241.00	-\$36.15	\$204.85
Visit on 2/23/2022 with WALKER, KIRK - Patient DOE STATEMENT,JANE				
02/23/2022	ECHO HEART XTHORACIC,COMPLETE W DOPPLER	\$241.00	-\$36.15	\$204.85
Visit on 2/22/2022 with PRESTON, TIMOTHY - Patient DOE STATEMENT,JANE				
02/22/2022	SBSQ HOSPITAL CARE/DAY 35 MINUTES	\$337.00	-\$50.55	\$286.45
Visit on 2/23/2022 with PRESTON, TIMOTHY - Patient DOE STATEMENT,JANE				
02/23/2022	HOSPITAL DISCHARGE DAY,>30 MIN	\$347.00	-\$52.05	\$294.95