

Understanding Your Bill

Great River Medical Center
1221 S Gear Ave., West Burlington, IA 52655-1679
RETURN SERVICE REQUESTED

Statement Date: 07/04/2019

JOHN SMITH
 123 MAIN STREET
 APT 3
 NOWHERE GA 12345-6789

Summary at a Glance

<p style="font-size: x-small;">SERVICES & CHARGES</p> <p style="font-weight: bold; font-size: small;">\$325.00</p>	<p style="font-size: x-small;">PAYMENTS & ADJUSTMENTS</p> <p style="font-weight: bold; font-size: small;">-\$50.00</p>
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Please see reverse side for details.

Patient Information	
Patient Name	John Smith
Guarantor Number	abc123
Guarantor Name	John Smith
Insurance I	UHC

Please submit payment in full or contact our Patient Billing office at 319-768-3625, option 2, to discuss payment options. If we do not receive any payments or communication within 120 days of your first notice, visit balance(s) will be turned to an outside collection agency. All partial payments must fully resolve your outstanding balance(s) within 12 months of the first notice to prevent collection activity. Please refer to our Billing and Collection policy at www.greatriverhealthsystem.org under "Patients & Visitors"/"Billing & Financial Services" for additional information.

PATIENTCO
Secure Payments

To Pay Online, go to www.GoPatientco.com

Then enter this SecureHealthCode PCO-PCO-PCO

To Pay by Phone, call **888-325-6970**

Then enter this SecureHealthCode 123-456-789

DUE BY AUG 03, 2019

\$275.00

VISA M.C. A.M.E. DISCOVER

A Message From Great River Medical Center

Great River Medical Center is excited to announce our partnership with Patientco, a patient payment processing company, to improve your billing experience. As part of this change you will have:

- an improved online payment experience
- self-service online payment plans
- email and text notifications for new bills
- secure online messaging with customer advocates

Take advantage of these features and more at www.GoPatientco.com or www.greatriverhealthsystem.org/Online-Bill-Pay.aspx

Please remit payment by the due date or contact a financial counselor to discuss payment options.

PCO-PCO-PCO

Name **John Smith**
 Guarantor abc123

BALANCE DUE \$275.00

Payment Included \$

Send check to our lockbox below:

Great River Medical Center

PO BOX 650292
 DALLAS TX 75265-0292

0715216933940084 0000275002

Summary at a Glance provides an overview of the statement's contents. For an itemized list of charges, flip the bill over.

Patient Information clarifies payment terms and financial services.

Perforated Check Stub makes mailing in check payments simple! Include this stub in the envelope with your check.

Pay Online for free by visiting www.GoPatientco.com to create a PatientWallet®.

Pay By Phone 24 hours a day by calling 888-325-6970 and following the payment prompts.

Payment Information shows the total bill amount and due date. All major credit, debit, HSA, and FSA cards are accepted.

Provider Messaging keeps you informed with what's happening at your Health System and their offerings, such as paperless billing and payment plan options.