


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 Encounter Number- This is the reference number for a particular visit. 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 Remittance Portion- Tear on the perforation and return this portion of your statement with your payment. Keep the lower portion for your records.
- 7 Address Change- Check this box if information has changed. (See reverse side of statement)
- 8 eStatements- The link that provides information to register for online statements and to make payments online.
- 9 Due Date- Statement balances are due Upon Receipt
- 10 Responsible Party- Guarantor/Person responsible for the balance.
- 11 Amount Due-Balance due on this encounter
- 12 Date- Date on which services were provided
- 13 Provider- Provider who performed or ordered the services
- 14 Description- Description of services provided
- 15 Patient Name- Name of the patient who received services listed
- 16 Charges and Payments- Charges, payments and/or adjustments for this encounter
- 17 Encounter Total- Total amount of the charges for this visit
- 18 Our contact information to inquire about financial assistance or ask questions about your account.







TRINITY HEALTH
 P.O. Box 5020 Minot, ND 58702-5020
 ADDRESS SERVICE REQUESTED
 701-857-5105

5 **SUZY SUNSHINE**
 1234 ANY STREET
 MINOT ND 58701


6 Please detach and return top portion with payment.
 7 Check box if address is incorrect or has changed and indicate change(s) on reverse side.

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

2 STATEMENT DATE	3 ENCOUNTER NUMBER	4 TOTAL AMOUNT DUE
2/1/2017	A9999999999	\$82.01
PAGE NUMBER	Amount Enclosed \$	
1		

MAKE CHECK PAYABLE TO:
 Trinity Hospitals
 P.O. Box 5020
 Minot, ND 58702-5020

8  Sign Up for eStatements/
 Online Bill Pay
<https://trinity.webview.com>

8 ONLINE ENROLLMENT NUMBER

HOSPITAL STATEMENT

ENCOUNTER NUMBER	STATEMENT DATE	9 DUE DATE	10 RESPONSIBLE PARTY	11 AMOUNT DUE
A9999999999	2/1/2017	Upon Receipt	SUZY SUNSHINE	\$82.01

12 DATE	13 PROVIDER	14 DESCRIPTION	15 PATIENT NAME	16 CHARGES AND PAYMENTS	AMOUNT	RMK
Enc#A9999999999						
1/1/2017	OLSON	Pharmacy/Other	SUZY		57.85	
1/1/2017	OLSON	Emergency Room	SUZY		215.71	
1/21/2017		MR OP CONTRACTUAL ADJUSTMENT	SUZY		-96.84	
1/21/2017		MEDICARE OP PYMT	SUZY		-94.71	
1/21/2017		MEDICAID OP PYMT	SUZY		0.00	
*** Encounter Total ***					17	82.01

18 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 (800) 477-1046 or 701-857-5105. Office Hours are Monday thru Friday 8:00am- 5:00pm CST.

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.)