

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** Voucher - When contacting our office, we could ask for this number.
- 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 item.
- 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.

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|---|--|---|----------------|---------------------------|-----------------------------|-------------------|
|  TRINITY MEDICAL GROUP | | | | | | |
| <small>PO BOX 5010 MINOT, ND 58702 5010 ADDRESS SERVICE REQUESTED</small> | | | | | | |
| <small>If paying by one of these credit cards, please enter the information on the reverse side.</small> | | | | | | |
|     | | | | | | |
| 1 STATEMENT DATE 03/08/2022 | ACCOUNT NUMBER 1234567 | TOTAL AMOUNT DUE \$44.30 | | | | |
| 2 PAGE NUMBER 1 of 1 | 3 Amount Enclosed \$ | 4 | | | | |
| 8 Online Bill Pay: https://www.personapay.com/trinity | | | | | | |
| MAKE CHECK PAYABLE TO: TRINITY MEDICAL GROUP PO BOX 5010 MINOT, ND 58702 5010 | | | | | | |
| CLINIC STATEMENT 7 Please detach and return top portion with payment. | | | | | | |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| DATE | PROVIDER | PATIENT NAME / DESCRIPTION | VOUCHER | CHARGES AND DEBITS | PAYMENTS AND CREDITS | AMOUNT DUE |
| 02/06/2022 Mattson SUZY | ECG ROUTINE ECG W/LEAST | 7138630 | \$74.00 | \$0.00 | \$0.00 | \$0.00 |
| 03/07/2022 Mattson NDPERS Payment | 7138630 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 03/07/2022 Mattson NDPERS Adjustment | 7138630 | \$0.00 | \$0.00 | \$58.98 | \$0.00 | \$0.00 |
| 03/07/2022 Mattson NDPERS Transfer | 7138630 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$15.02 |
| 02/06/2022 Lewis XR Ex Chest 1 View | 7422140 | \$48.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 03/07/2022 Lewis NDPERS Payment | 7422140 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 03/07/2022 Lewis NDPERS Adjustment | 7422140 | \$0.00 | \$0.00 | \$18.72 | \$0.00 | \$0.00 |
| 03/07/2022 Lewis NDPERS Transfer | 7422140 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$29.28 |
| SAMPLE | | | | | | |
| 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 this discount, please contact Business Services at (800) 477-1046 or 701-857-5105. Office Hours are Monday thru Friday 8:00am - 5:00pm CST. | PLEASE REFER TO THIS # WHEN INQUIRING ABOUT YOUR STATEMENT ➔ 1234567 | | | | | |
| STATEMENT DATE 03/08/2022 | TOTAL AMOUNT DUE \$44.30 | | | | | |
| Thank you for choosing Trinity Health. Prompt payment is greatly appreciated. 19 | | | | | | |
| SEND INQUIRES/ PAYMENTS TO: TRINITY MEDICAL GROUP PO BOX 5010 MINOT, ND 58702 5010 | | | | | | |
| 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.) | | | | | | |