



Guía para la nueva factura de St. Luke's

Una factura nueva y mejorada

Hemos escuchado sus sugerencias para mejorar nuestra factura y nos complace presentarle una nueva versión de la misma, en la cual se presenta toda la información de su cuenta en una manera fácil de leer y entender.

Por favor, dedique un momento a revisar nuestro nuevo formato. Si tiene alguna pregunta, llame al número que aparece en su factura.

Secciones de la factura:

- ① Mensajes importantes, específicos para usted.
- ② Opciones de pago e información de contacto para Patient Financial Services (Servicios Financieros).
- ③ Le hemos asignado un código personal como garante (persona responsable) del saldo o balance pendiente de pago.
- ④ Resumen de saldo(s) pendiente(s) de pago.
- ⑤ Cupón para enviar el pago.
- ⑥ La cantidad que debe pagar y la dirección para enviar los pagos.
- ⑦ Información detallada sobre la cuenta, que incluye:
 - Nombre del profesional médico o prestador del servicio
 - Número de cuenta asignado a la visita
 - Lugar de la visita
 - Detalles de la cuenta

⑦ BALANCE FORWARD - FINAL NOTICE

This is your 4th and final notice for the following Services to discuss payment arrangements. If you have a collection agency, which may report your account to a credit agency, please contact us immediately.

Date	Description
Patient: Sample Patient Provider: Marianne Short, MD	Acct: XXXXXXXX Location: McCall
03/10/16	PREVIOUS BALANCE
Patient: Sample Patient Provider: Marianne Short, MD	Acct: XXXXXXXX Location: McCall
05/24/16	PREVIOUS BALANCE

Balance Forward

NEW BALANCE

Please remit payment in full or contact Patient Financial Services at 208-706-2333.

Date	Description
Patient: Sample Patient Provider: Janice Buenafe, MD	Acct: 123456789 Location: Family
09/15/16	OFFICE OUTPATIENT VISIT Adjustment Totals
Patient: Sample Patient Provider: Carl Melina, MD	Acct: XXXXXXXX Location: Family
09/20/16	OFFICE OUTPATIENT VISIT Patient Adjustment Patient Payment Totals

New Balance

PAYMENT PLAN

Please remit payment in full or contact Patient Financial Services at 208-706-2333.

Date	Description
Patient: Sample Patient Provider: Joline, Bronson	Acct: 123456789 Location: Boise
09/02/16-09/02/16	PREVIOUS BALANCE INSURANCE PAYMENT CREDIT CARD PAYMENT - T
Patient: Sample Patient Provider: Wendy, Laborie	Acct: 123456798 Location: Boise
09/02/16-09/02/16	PNEUMOCOCCAL CONJ VA INSURANCE PAYMENT

Payment Plan

THIS IS A BILL

Page 1 of 3
Statement Date: 09/28/16
Guarantor ID: 123456
Guarantor: JOHN Q. SAMPLE

BUSINESS OFFICE
PO BOX 2578
BOISE, ID 83701-2578

JOHN SAMPLE
123 ANYSTREET APT #999
ANYTOWN, XX 00000-0000

① Important Message

St. Luke's may be required to split the cost of a visit into two portions, the provider service fee is one unique account and the facility fee is another unique account. This may result in multiple account numbers for the same date of service. These account may be reflected on separate statements.

St. Luke's has billed your insurance, and your insurance company's payments and adjustments are reflected in the account detail of this statement. Questions regarding insurance payment(s) should be directed to your insurance company(s).

② Payment Options

Pay Online (One Time Payment or Financing Options)
stukesbillpay.com

Pay by Phone - Patient Financial Services
208-706-2333 or 1-800-342-3432
Monday - Thursday, 8:00 a.m. to 8:00 p.m. MST
Friday, 8:00 a.m. to 5:00 p.m. MST
Saturday, 8:00 a.m. to 12:00 p.m. MST

Pay by Mail
Complete the coupon below and return in the enclosed envelope
Please call to discuss payment arrangements.
See back of notice for financial care options.

③ Summary

Guarantor: JOHN SAMPLE Guarantor ID: 123456	
Balance Forward - Final Notice	\$486.00
New Balance	\$337.00
Patient Subtotal	\$823.00
Payment Plan Amount Due	\$320.00
Current Balance Due by 10/28/2016	\$1,143.00

Detach coupon and return with your payment. Include the Guarantor ID on the memo line of your check.

④

⑤ PAYMENT COUPON

ADDRESS SERVICE REQUESTED

Check box if your address or insurance has recently changed and complete the form on the back of this coupon.

⑥

NOTICE DATE 09/28/2016	GUARANTOR ACCT. NUMBER 123456	TOTAL DUE THIS PAYMENT CYCLE \$1,143.00
PAYMENT DUE BY 10/28/2016	AMOUNT PAID HERE \$	

Make checks payable to: ST. LUKE'S HEALTH SYSTEM

ST. LUKE'S HEALTH SYSTEM
PO BOX 2578
BOISE, ID 83701-2578