



Guide to Your New St. Luke's Statements

New and Improved

We have listened to your suggestions for improving our billing statement. We are pleased to introduce a new statement that displays all of your account information in an easy-to-read, user friendly format.

Please take a moment to review our new format. If you have any questions please contact us at the number listed on your billing statement.

Invoice Legend:

- ① Important messages tailored to you.
- ② Payment options and Patient Financial Services contact information.
- ③ We have assigned a unique identifier to you as the Guarantor (responsible party) for the balance due.
- ④ Summary of outstanding balance(s).
- ⑤ Payment coupon for payment remittance.
- ⑥ Current amount due and payment address for mailed payments.
- ⑦ Detailed account information including:
 - Provider Name
 - Account Number assigned to visit
 - Visit Location
 - Account Details

⑦ BALANCE FORWARD - FINAL NOTICE

This is your 4th and final notice for the following Services to discuss payment arrangements. If you have not contacted a collection agency, which may report your account to a credit agency.

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 numbers will 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 stlukesbillpay.com
(One Time Payment or Financing Options)

Pay by Phone - Patient Financial Services
208-706-2333 or 1-800-342-3432
Mon - Thurs, 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.

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

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

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