

Welcome!

This is your new and improved Salem Health account statement. We hope that this new look will make it easier for you to understand your bill. If you have questions that aren't covered below, feel free to call Salem Health Patient Financial Services at 503-814-7618. We are happy to answer any question you may have.

- 1 **Hospital or billing organization name.** This will be Salem Hospital, West Valley Hospital or Salem Health Professional Services. Salem Health Professional Services is the name of the billing office for Salem Health Medical Clinics and certain Salem Health specialists separate from the hospitals.
- 2 **Account information and statement date.**
- 3 **Information box.** Any special notes about your payment will be in this section.
- 4 **Account summary.** "Total charges" refers to the original total bill. "Total payments and adjustments" shows how much you or your insurance has paid so far. "Total balance" is how much you still owe. "Amount due" is your minimum payment due for this statement. You can pay that amount or more; there is no penalty for paying your bill off early.
- 5 **Financial assistance information.**
- 6 **Ways to pay.** Paying Salem Health bills is more convenient than ever before! Use any of the methods listed.
- 7 **Payment plan details.** If you have set up a payment plan for your Salem Health bills, check this section to see which bills are in the plan and which aren't. If you would like to add a new bill to an existing payment plan, contact information is provided.

Guarantor Account Number: 27246
 Amount Due: \$1,000.69
 Responsible Party: Jamie Test
 Statement Date: 03/19/18

SALEM HOSPITAL

About Your Health Care Account

- Thank you for choosing Salem Health for your health care.
- The balance you currently owe is indicated in the "Amount Due" section below.
- If you have billing questions, please call (503) 814-7618 or visit salemhealth.org.

Trouble paying your bill?

Salem Health is committed to ensuring that all patients get the care they need regardless of their ability to pay. If you think you qualify for free or discounted care (based on family size and income), please contact us at 503-562-4357 or email at financial.counselors@salemhealth.org.

A copy of our Financial Assistance Policy, a plain language summary of our billing and collections policy, and application form can be found at: www.salemhealth.org/financial-policy.

Summary

Additional charge details are on the next page.

Total Charges	1,736.70
Total Payments and Adjustments	-533.51
Total Balance	\$1,203.19

Amount Due

\$1,000.69

Payment plan due date: 04/20/18

Payment Options

- Pay Online**
www.salemhealth.org/billpay
- Pay by Mail**
Complete the form below and return in the enclosed envelope.
- Pay by Phone** - 503-814-7618
Monday through Thursday, 8 a.m. to 7 p.m.
Fridays, 8 a.m. to 5 p.m.
- Pay in Person**
Visit us at 550 Hawthorne Ave SE, STE 200, Salem, OR.
Monday through Friday, 8 a.m. to 5 p.m.

Keep this portion for your records

Detach this portion and return with your payment

Jamie Test (Guarantor Acct # 27246)

STATEMENT DATE	AMOUNT DUE	AMOUNT ENCLOSED
03/19/18	\$1,000.69	\$

Make Checks Payable To: Salem Health
Payment plan due date: 04/20/18

My address or insurance information has changed. I have written the changes on the back of this form.

SALEM HOSPITAL
890 Oak Street SE
Salem, OR 97301

Jamie Test
1241 5th st NE
SALEM OR 97301

SALEM HOSPITAL
PO Box 6990
Portland, OR 97228-6003

Guarantor Account Number: 27246
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SALEM HOSPITAL

Payment Plan Account Detail

This section shows visits that are part of the Payment Plan you set up with SALEM HOSPITAL. Any patient balances that occur after you set up the plan will not be included. If you would like to add new balances to your Payment Plan, please contact us at 503-814-7618.

Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Acct #1020000892 Test, Jamie - Outpatient (08/01/16)	\$250.00	\$0.00	-\$37.50	\$212.50
Monthly Due:				\$10.00

Accounts Not On A Payment Plan

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Acct #1020000895 Jamie Test SH Imaging Department, Outpatient					
07/01/16	NUCLEAR MEDICINE - GENERAL UNINSURED DISCOUNT - 07/08/16	\$121.70		-\$18.26	
Totals		\$121.70	\$0.00	-\$18.26	\$103.44
Acct #460 Jamie Test SH Imaging Department, Outpatient					
06/23/17	NUCLEAR MEDICINE - GENERAL UNINSURED DISCOUNT - 11/09/17	\$1,365.00		-\$477.75	
Totals		\$1,365.00	\$0.00	-\$477.75	\$887.25
Non-Payment Plan Accounts Totals		\$1,486.70	\$0.00	-\$496.01	\$990.69
Non-Payment Plan Balance Due					\$990.69

Total Amount Due: \$1,000.69