



Hospital Statement

Thank you for choosing UCHealth for your medical needs. The balance on this statement is your responsibility. For more information, please contact Customer Service at 1.866.429.6045.



Number assigned for each guarantor

John Smith

Guarantor # 106609089

Person responsible for this bill

Guarantor Balance

Amount due

08/26/21

\$ 9,513.42

\$9,513.42

For more information about your amount due and payment options, please review the details on the following pages.



Payment Options

Online at billpay.uchealth.org.

By phone at 1.866.429.6045.

By mail with the payment coupon below.



Customer Service

Call 1.866.429.6045 for assistance with your payment options, including payment plans and financial assistance programs.

Monday–Friday, 8:00 a.m.–5:00 p.m., MST.

Go paperless.

Sign in to My Health Connection at billpay.uchealth.org to sign up for paperless billing, make payments and review your accounts.

Why did I get multiple bills?

Your physician bill includes charges for the services your physician provided. Your hospital bill includes charges for the use of its equipment, supplies and/or technical personnel.

Payments are posted to the oldest open balance not under review. For payments to be posted to specific visits, please visit us online at billpay.uchealth.org or call our Customer Service department at 1.866.429.6045.

For the security of your credit card number, please do not provide it on this payment coupon. For credit card payments, please visit us at billpay.uchealth.org or call our Customer Service Representatives at 1.866.429.6045.

☐

Please check box if address is incorrect or insurance information has changed and indicate change(s) on reverse side.

STATEMENT DATE
08/26/21

PAY THIS AMOUNT
\$9,513.42

GUARANTOR
ACCOUNT #
106609089

MAKE CHECK PAYABLE AND REMIT TO:

John Smith
346 Main St.
COLORADO SPRINGS, CO 80923

Business Services - Patient Accounting
P.O. Box 732144
Dallas, TX 75373-2144

Use this information to mail your payment

Payments are posted to the oldest open balance not under review. For payments to be posted to specific visits, please visit us online at billpay.uchealth.org or call our Customer Service department at 1.866.429.6045.

0–30 Days	31–60 Days	61–90 Days	91+ Days
\$9,513.42	\$0.00	\$0.00	\$0.00

Your Total Balance

\$9,513.42

Total balance due for services**What you need to know.**

Financial assistance, payment plans or charity care may be available to you. Please contact us at 1.866.429.6045, billpay.uchealth.org or Financial.Counseling@uchealth.org if you need help paying your bill.

Lo que debe saber.

Puede que haya ayuda financiera, planes de pago o programas de caridad disponibles para usted. Si necesita ayuda para pagar la factura, llámenos al 1.866.429.6045 opción 9, o contacte a billpay.uchealth.org, o Financial.Counseling@uchealth.org.

Past due/collections.

Payment is due within 30 days of your statement date. Failure to pay your bill or contact our office may result in a referral to an outside collection agency. The outside collection agency may seek to garnish your wages or report you to a consumer credit reporting agency, which could negatively impact your credit rating.

Need to update your address or insurance information?

Please go online to billpay.uchealth.org and sign in to My Health Connection or fill out the form below with your updated information. Allow 7–10 business days for the updates to be reflected in our system.

All written communications concerning disputed debts, including any instrument that indicates that it is tendered with conditions or limitations, must be mailed or delivered to Self-Pay Supervisor at 7901 E. Lowry Blvd., Suite 350, Denver, CO 80230.

TO UPDATE YOUR ADDRESS OR INSURANCE INFORMATION, COMPLETE AND RETURN THE FORM BELOW.

Patient Name		Phone #	
Address		City	State Zip Code
PRIMARY INSURANCE COVERAGE	Patient's Relationship to Insured <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER	SECONDARY INSURANCE COVERAGE	Patient's Relationship to Insured <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER
Insurance Company	Phone # ()	Insurance Company	Phone # ()
Address		Address	
Policy Holder's Name	Birth Date / /	Policy Holder's Name	Birth Date / /
Policy and Group #	Policy Effective Date / /	Policy and Group #	Policy Effective Date / /
Employer's Name	Phone # ()	Employer's Name	Phone # ()
Address		Address	

Patient name

PATIENT: JOHN SMITH

New Activity Due: \$9,513.42

ACCT NUMBER: 6001100326 Anschutz Medical Campus

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
01/18/21	Treatment or Observation Room	\$11,047.87			
	Patient Payments			\$1,534.45	
	Balance Due				\$9,513.42
					<u>\$9,513.42</u>

Summary of amount billed for services provided