



Introducing Your New Statement

Redesigned with you in mind.

Your billing statement has a new look. Use this guide to help understand the changes to your monthly statement.

1 Account Summary

Whether you receive care in one of our hospitals or a provider's office, you will find all account information and charges in this summary each month, including total amount owed.

2 Pay Your Bill Online with MyChart

Make payments, schedule appointments and manage your health through our online patient portal, MyChart.

3 Other Ways to Pay

Pay by phone or by mail. Contact us to discuss setting up a payment plan or financial assistance.

4 Paying by Mail

Detach this portion and include it and your payment in the provided envelope.

5 Details of Services Provided

Information such as patient account number, dates of service, provider names and locations and payment information.

Account number: 000000
Responsible party: John Doe
Statement date: September 13, 2021

Thank you for choosing Owensboro Health!

Please pay \$66.92 by October 11, 2021.
Can't pay all at once? Enroll in a payment plan today!

1 Account Summary

Total Charges	930.13
Insurance Paid	-592.96
Adjustments	0.00
You paid	0.00
Your total balance	\$321.10
Amount Due by October 11, 2021	\$66.92

2 Pay Online with MyChart
The easiest way to view your statement, make payments, schedule appointments, and more. Sign up today!
OwensboroHealth.org/MyChart Activation code: Currently active!

Not ready to sign up for MyChart? You can still pay online with Guest Pay:
OwensboroHealth.org/GuestPay Account #000000 Name: Doe

3 Pay by Phone
Call (270) 685-7500
Monday - Friday, 8:00am - 4:30pm

Pay by Mail
Complete the form below and return in the enclosed envelope

Financial Assistance
Phone: (270) 685-7501
Email: financialassistance@owensborohealth.org
Web: OwensboroHealth.org/Assistance

Keep this portion for your records
Detach this portion and return with your payment.

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John Doe (Acct # 000000) Statement Date: 09/13/21

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover
CARDHOLDER NAME		
CARD #	EXP DATE	CODE
SIGNATURE		
AMOUNT DUE	DUE DATE	AMOUNT
\$66.92	October 11, 2021	\$

Owensboro Health
25511 Network Place
Chicago, IL 60673-1255

John Doe
123 MAIN ST
OWENSBORO KY 42301

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Owensboro Health Family Medicine					02/25/21
Date	Description	Charges	Pmnts/Adjs	Insurance Balance	Patient Balance
02/25/21	INJECTION,THERAP/PROPH/DIAGNOST, IM OR SUBCUT	48.00			
03/11/21	Blue Cross Blue Shield INSURANCE PAYMENT - CLM #		0.00		
	Deductible: 20.01				
03/11/21	Blue Cross Blue Shield CONTRACTUAL ADJUSTMENT		-27.99		
	Your Responsibility				\$20.01

You will receive this new statement because you were seen by a provider or organization that is using our new electronic health record system. However, should you have any outstanding balances from our physicians or facilities before they began using our new system, you may continue to receive statements from the previous billing system until those balances are paid in full or resolved.