


How to Read Your New Statements

- 1 **myEasyMatch Code** - A number unique to your document that allows us to identify your specific account and properly address your electronic delivery or payment needs
- 2 **Due Date** - Date payment is due
- 3 **Amount Due** - Payment amount due on this statement
- 4 **Payment Type** - Method of payment options. Web address to pay online or reverse side of statement to pay by credit card
- 5 **Name and Address of Responsible Party**
- 6 **Statement Date** - Date invoice is printed
- 7 **Statement Detail** - Description of invoices, patient name, charges, payments/adjustments and balance
- 8 **Message Box** - Important messages will appear here
- 9 **Insurance Balance** - Balance is currently being processed by your insurance company
- 10 **Patient Payments/Adjustments** - Amount of patient payments/adjustments posted in the last 30 days



HEALTH SYSTEM
PO BOX 13780 | GRAND FORKS, ND 58208-3780

HOSPITAL/CLINIC STATEMENT

Questions about this statement?
Please Call: 701-780-1500 or 800-464-7574

Hours of operation: 8:00am - 5:00pm, Mon - Fri

Addressee

JON DOE
PO BOX 123
456 SOUTH MAIN
BIRD ISLAND MN 55123-0123

Check if address/insurance changes are on back

QUICK PAY | Make a one-time payment

Fast Simple Secure

Pay Online: ALTRU.ORG/MYHEALTH

Account Number	Due Date	Amount Due	Amount Paid
1451234	12/12/2014	\$1865.01	\$

Please make checks payable and remit to:

ALTRU HEALTH SYSTEM
PO BOX 3045
MILWAUKEE WI 53201-3045

myEasyMatch Code: A-BCDEF-12345-JPNPJG Please detach and return top portion with payment.

Account Number	Account Name	Statement Date	Due Date
1451234	Jon Doe	11/23/2014	12/12/2014

Date	Service Description	Charges	Payments/Adjustments	Insurance Balance	Patient Balance
09/04/2014	Patient: Jon Doe Invoice:111111111111				
09/04/2014	Previous Insurance Balance	\$700.00			
09/04/2014	Previous Patient Balance	\$300.00			
09/04/2014	Patient Payment - Thank you Facility Services Balance		-\$100.00	\$700.00	\$200.00
New Visits					
09/04/2014	Patient: Susan Doe Provider: Attending Provider Name Invoice: 2222222222				
09/04/2014	Emergency Room	\$1,665.01			
09/04/2014	Patient Payment - Thank you Professional Services Balance		-\$100.00	\$0.00	\$1,665.01
Payment Received; Not Applied					
09/04/2014	Patient: Jon Doe Invoice: Unallocated Payment Co- Prepayment Not Applied Patient		-\$0.41		
09/04/2014	Payment Not Yet Applied		-\$28.08		

Altru.org/MyHealth

Schedule Appointments » Communicate with Providers
Pay Bills » Check Test Results » Renew Prescriptions

STATEMENT SUMMARY

Total Charges.....\$2,765.01
Insurance Payments/Adjustments.....\$0.00
Patient Payments/Adjustments.....-\$200.00

AMOUNT DUE: \$1,865.01

