


Understanding your Statement




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



Sign-up for eStatements

It's fast, easy, and no postage necessary.
Enroll today.

A

Check if address/insurance changes are on the back

Pay Online: <https://mychart.altru.org>

Account Number	Due Date	Amount Due	Amount Paid
	01/21/20	\$200.00	\$

Please make checks payable and send to:

ALTRU HEALTH SYSTEM
PO BOX 74007656
CHICAGO IL 60674-7656

0000020000 0000020000 8

- A.** To pay your bill by check, tear off the top portion above the line and mail in with your check. Your **Account Number**, **Due Date** for that billing cycle, **Amount Due**, and the mailing addresses are already here. All you need to do is fill out your check (payable to Altru Health System), write down the **Amount Paid** in the corresponding box and slip it in the envelope we have provided for you. You can also make your payment by completing the back section (page 2) with your credit card information, calling our Business Office at 701.780.1500 (toll free 800.464.7574) or going online through MyChart to make an electronic payment.





Summary of Physician and Hospital Services:

Summary	Charges	Insurance Pmts & Adjs	Patient Pmts & Adjs	Outstanding Balance	Pending Insurance	Patient Amt Due Now
Payment Plan	\$35,175	-\$31,190	\$0.15	\$4,700	\$0.00	\$0.00
Non-Payment Plan	\$550.00	-\$432.74	-\$77.26	\$0.00	\$0.00	\$0.00

B

- B.** Section B will give you a summary of your
1. **Charges;** the total charge of an office visit or procedure
 2. **Payments/Adjs;**
 - i. **Insurance:** any payments or adjustments from insurance
 - ii. **Patient:** any patient payments, co-payments or prepayments
 3. **Outstanding Balance;** total amount guarantor has due
 4. **Pending insurance;** charges that are awaiting payment from Insurance company
 5. **Patient Amt Due Now;** the guarantor's (person financially responsible) payment due

Notice, if you are on a payment plan, a list of charges that are not currently listed on your payment plan will be listed as **Non-Payment Plan**. To get on a payment plan please call your Patient Account Representative at 701-780-1500 (toll free 800.464.7574) , or log into MyChart to complete.

Change of Address				If Paying By Credit Card, Fill Out Below			
Name (Last, First, Middle Initial)				CREDIT CARD <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 			
Address				CARD NUMBER		EXP DATE:	
City		State	Zip	SIGNATURE		AMOUNT PAID	
Telephone				PRINT NAME			
If making address or insurance changes, please be sure to check box on the front of statement.				Credit Card Billing Zip Code: _____			
Primary Insurance Updates				Secondary Insurance Updates			
Primary Insured Name				Secondary Insured Name			
Primary Insurance Name		Effective Date		Secondary Insurance Name		Effective Date	
Primary Insurance Street Address				Secondary Insurance Street Address			
City	State	Zip	Telephone	City	State	Zip	Telephone
Employer Name		Group Number		Employer Name		Group Number	
Subscriber ID#		Policyholder's Date of Birth		Subscriber ID#		Policyholder's Date of Birth	

- C.** On page 2 of your statement is section C; you can make any address or insurance changes. You also can make payment by credit card. This will be mailed in with your payment using the envelope we have provided for you.

Altru Health System complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. For more information, see link on our website at altru.org. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.732.4277. ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.732.4277. LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.732.4277.

Understanding and Paying Your Bill:		What can I do if I don't have insurance or can't pay my bill?	
Can I pay my bill online?		Altru has a Financial Assistance Policy that can help with balances from emergency and other medically necessary services that you are unable to pay. You can learn more about that online at altru.org/financialassistance or by calling our HERO program at 701-780-5060.	
Yes! MyChart is an online patient portal that gives you access to pay on your outstanding balance as well as communicate with your doctor, request prescription refills, access your test results, manage your appointments and more! You can sign up for an account or access an existing account at https://mychart.altru.org .		What if my account becomes past due?	
How can I pay my bill?		Payment of your account is due as shown on your statement. If the balance is not resolved in an acceptable manner by the due date it may be forwarded to a collection agency, so please contact us so we can assist in resolving the balance. We can help establish an acceptable payment plan by calling us at 701-780-4050.	
Online: https://mychart.altru.org		Can I receive an estimate for a procedure I have coming up?	
By phone: Contact our Business Office at 701-780-1500		Yes! We are happy to provide good faith estimates prior to services to help you make informed decisions about your care. You may contact our Business Office at 701-780-1500 for assistance.	
In person: Altru Business Center 2401 Demers Avenue Grand Forks, ND 58201			
Whom can I contact for questions on my bill?			
You may contact the Altru Business Office and speak with a customer service representative by calling 701-780-1500 or stop in and see us at: Altru Business Center 2401 Demers Avenue Grand Forks, ND 58201 Our office hours are Monday-Friday 8am-5pm			

- D.** Use section D as a resource page. This provides you with the billing information on how to pay online, who to contact with billing questions, contact our billing office if account is past due. It also gives information regarding Financial Counseling and a contact if you want an estimate on an upcoming procedure.

Date	Description	Charges	Pmts/Adjs	Pending Insurance	Patient Balance
1		2	3	4	5
Payment Plan Account Detail					
Visit #20432012	09/19/18	\$502.00	-\$502.00	\$0.00	\$0.00
Visit #20574080	10/08/18	\$71.00	-\$71.00	\$0.00	\$0.00
Visit #20603925	10/11/18	\$290.00	-\$202.20	\$0.00	\$87.80
Visit #20631793	10/16/18	\$137.00	-\$94.71	\$0.00	\$42.29
Visit #20498841	10/08/18	\$2,727.00	-\$2,472.49	\$0.00	\$254.51
Visit #20750457	10/31/18	\$71.00	-\$37.65	\$0.00	\$33.35
Visit #20772921	11/13/18	\$936.00	-\$849.08	\$0.00	\$86.92
Visit #20772923	12/04/18	\$468.00	-\$424.54	\$0.00	\$43.46
Visit #21225551	01/10/19	\$71.00	-\$67.65	\$0.00	\$3.35
Visit #21225595	01/10/19	\$137.00	-\$124.71	\$0.00	\$12.29
Visit #21385714	02/05/19	\$269.00	-\$239.00	\$0.00	\$30.00
Visit #21596924	03/06/19	\$3,249.00	-\$3,049.00	\$0.00	\$200.00
Visit #21742274	03/29/19	\$443.00	-\$405.81	\$0.00	\$37.19

- E.** Section E details your Payment Plan visits,
- Date and Description;** this includes the **Visit #** along with the patient's name and the date the procedure was completed
 - Charges;** the total charge of an office visit or procedure
 - Payments/Adjs (Adjustments);**
 - Insurance:** any payments or adjustments from insurance
 - Patient:** any patient payments, co-payments or prepayments
 - Pending Insurance;** charges that are awaiting payment from Insurance company
 - Patient Balance;** amount due after insurance and/or payments

Date	Description	Charges	Pmts/Adjs	Pending Insurance	Patient Balance
					Remaining Balance: \$2,764.70
					Monthly Due: \$200.00
Non-Payment Plan Accounts Detail					
Visit	#123456789				
09/11/18	Charges Already Processed	\$71.00			
	Health Plan Payments		-\$33.42		
	Health Plan Adjustments		-\$4.23		
	Total Insurance Payments and Adjustments		-\$37.65		
	PATIENT PAYMENT - 11/29/19		-\$27.43		
	PATIENT PAYMENT - 12/13/19		-\$5.92		
	Total Patient Payments and Adjustments		-\$33.35		
	Your Responsibility				\$0.00

- F.** This section outlines the Date, Description, Charges, Payments/Adjs (Adjustments), Pending Insurance and Patient Balance for accounts that are not currently on a payment plan.