


# Welcome!

This is your new and improved Salem Health account statement. We hope that this new look will make it easier for your 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 Medical Clinics.
- 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

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**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](http://salemhealth.org).

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**Summary**

*Additional charge details are on the next page.*

<b>Total Charges</b>	<b>1,736.70</b>
<b>Total Payments and Adjustments</b>	<b>-533.51</b>
<b>Total Balance</b>	<b>\$1,203.19</b>

**Trouble paying your bill?**

Salem Health is committed to ensuring 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](mailto: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](http://www.salemhealth.org/financial-policy).

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**Amount Due** **\$1,000.69**

*Payment plan due date: 04/20/18*

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**Payment Options**

**Pay Online**  
[www.salemhealth.org/billpay](http://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.

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*Keep this portion for your records*

*Detach this portion and return with your payment*



SALEM HOSPITAL  
890 Oak Street SE  
Salem, OR 97301


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.

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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**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
<b>Monthly Due:</b>				<b>\$10.00</b>

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**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	
<b>Totals</b>		<b>\$121.70</b>	<b>\$0.00</b>	<b>-\$18.26</b>	<b>\$103.44</b>
Acct #460 Jamie Test SH Imaging Department, Outpatient					
06/23/17	NUCLEAR MEDICINE – GENERAL UNINSURED DISCOUNT - 11/09/17	\$1,365.00		-\$477.75	
<b>Totals</b>		<b>\$1,365.00</b>	<b>\$0.00</b>	<b>-\$477.75</b>	<b>\$887.25</b>
<b>Non-Payment Plan Accounts Totals</b>		<b>\$1,486.70</b>	<b>\$0.00</b>	<b>-\$496.01</b>	<b>\$990.69</b>
<b>Non-Payment Plan Balance Due</b>					<b>\$990.69</b>

**Total Amount Due:** **\$1,000.69**