

Keys to Understanding your Regions Hospital Statement

Regions Hospital
 HealthPartners
 Mail Stop 11102S
 640 Jackson Street
 Saint Paul, MN 55101

<u>Guarantor Name</u>	<u>Guarantor Number</u>	<u>Statement Date</u>	<u>Payment Due Date</u>	Payment Due
Your Name	12345	05/11/22	UPON RECEIPT	\$164.24

Guarantor Name – This is the responsible party’s name
Guarantor Number – This is the account number
Payment Due – This is how much is you owe

Dear Your Name,

Thank you for using Regions Hospital services. If you’re experiencing financial stress due to the coronavirus (COVID-19) pandemic, we’re here to help. Call (651) 254-4791 to discuss the best option for you.

Pay in Full

Online: Log on to regionshospital.com Select Online "Pay a Bill", and then select Pay Now.
 By mail: Mail in your payment to Regions Hospital using the coupon below. Personal checks may be processed electronically by the banks.
 By phone: Call us at **651-254-4791** or Toll Free **877-974-3600**.

Payment Plan

If you are unable to pay the amount you owe by the due date, or if you would like to add an account to a current payment plan, please call us at **651-254-4791** or Toll Free **877-974-3600**.

Financial Assistance

Regions Hospital offers a financial assistance program. For copies of our application, financial assistance policy and plain language summary, which include information on eligibility and how we calculate financial assistance, please visit regionshospital.com. Our Customer Service team can help you enroll in this program. Please call **651-254-4791** or Toll Free **877-974-3600**.

How to pay your bill.
 Where to call for payment plan options.
 How to apply for Financial Assistance.

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 St. Paul, MN 55101-2502

If paying by MasterCard, Visa, American Express or Discover complete the following:

	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Card Number:				Amount:			
Exp. Date:		Signature:					

Due Date UPON RECEIPT	Pay this amount 164.24	Guarantor # 12345
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Your Name
 123 Main Street
 SAINT PAUL, MN 55101

REGIONS HOSPITAL
 PO BOX 77093
 MINNEAPOLIS, MN 55480-7793

Detach Payment coupon to mail payment

- Credit Card
- Check
- Money Order

0000012345000000000164242

Your previous account balance	\$0.00
Amount on payment plan	\$0.00
New charges	\$911.85
Insurance payments/adjustments	\$-747.61

New payments	\$0.00
Monthly payment plan amount due	\$0.00
Amount not on a payment plan	\$164.24
Payment due/balance due	\$164.24

Guarantor (responsible party) summary of account.

Date of Service	Description	Charges	Insurance Payments/ Adjustments	Patient Payments/ Adjustments	Balance
	Your Name # 123456789 Outpatient HP Regions Specialty Clinics Regions Radiology Fluoro				
01/31/2022	Pharmacy	\$69.85			
	Medical/Surgical Supplies and Devices	\$45.00			
	Radiology - Diagnostic	\$686.00			
	Operating Room Services	\$111.00			
	Unitedhealthcare Payments		\$316.76		
	Deductible: \$129.04				
	Coinsurance: \$35.20				
	Unitedhealthcare Adjustments		\$430.85		
	Your Responsibility				\$164.24

Statement Details

- Invoice number
- Type of Visit
- Location of services
- Services received and Amount of charges

	0-30 Days	31-60 Days	61-90 Days	Over 90 Days
Account Balance	164.24	0.00	0.00	0.00

Summary of account aging

Messages

Thank you for choosing Regions Hospital. If you are unable to make payment in full there are options available. Please log into your healthpartners.com account to set up a payment plan or apply for Financial Assistance or contact us at 651-254-4791 or Toll Free 877-974-3600.

Important messages and amount due for this statement.

PAYMENT DUE: \$164.24