

MAKE CHECKS PAYABLE TO:



MUNSON HEALTHCARE

Otsego Memorial Hospital

PATIENT FINANCIAL SERVICES

271 W McCOY RD, GAYLORD, MI 49735

BUSINESS PHONE:

989-731-2198

TO PAY ONLINE WITH CREDIT CARD OR E-CHECK GO TO

WWW.MYOMH.ORG/QUICK-PAYMENT-SITE

PATIENT NAME

SAMPLE SAMPLETON

ADDRESSEE:

OTS0208A 7000000034 00.0001.0033 33/1 33 1 AV 0.398

IF PAYING BY ELECTRONIC CHECK, MASTERCARD, VISA, OR DISCOVER, FILL OUT BELOW.

MASTERCARD VISA DISCOVER		
CARD NUMBER	3-DIGIT SEC. CODE	
SIGNATURE	EXP. DATE	
CHECKING ACCOUNT #	BANK ROUTING #	
STATEMENT DATE 02/08/21	PAY THIS AMOUNT \$93.49	ACCT. # V00123456789

SHOW AMOUNT PAID HERE \$

REMIT TO:



MUNSON HEALTHCARE OTSEGO MEMORIAL HOSPIT
825 N CENTER AVE
GAYLORD MI 49735-1592



SAMPLE SAMPLETON
12345 MCMURPHY RD
ATLANTA MI 49709-9345



Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Page 1 of 1

PAYMENT DATE	DESCRIPTION	CHARGES / PAYMENTS	
01/04/21	Balance Forward Billed charges to date: Receipts to date: Adjustments to date: Refunds to date: Total due: Estimated insurance due:	93.49 1381.00 841.45 446.06 0.00 93.49 0	
<p>Your account is now significantly overdue. Payment in full must be received within 10 days from the date of this notice or your credit rating may be affected. Please contact a Financial Advocate at 989-731-2200 with any questions.</p> <p>Munson Healthcare has several financial assistance programs if you need assistance with your medical expenses. Please contact the Financial Assistance Department at 231-935-2350 to see if you qualify for one of the programs. View Financial Assistance Policy or Application: www.munsonhealthcare.org/financialhelp.</p>			
SERVICE DATE	DATE DISCHARGED	STATEMENT DATE	FOR THE ACCOUNT OF
10/05/20		02/08/21	SAMPLE SAMPLETON V00123456789



MUNSON HEALTHCARE
Otsego Memorial Hospital

PATIENT FINANCIAL SERVICES

271 W McCOY RD

GAYLORD, MI 49735

BUSINESS PHONE: 989-731-2198

PLEASE PAY THIS AMOUNT

\$93.49

PLEASE UPDATE ANY INFORMATION THAT HAS CHANGED SINCE YOUR LAST STATEMENT

ABOUT YOU:

YOUR NAME (Last, First, Middle Initial)

ADDRESS

CITY STATE ZIP

TELEPHONE () MARITAL STATUS Single Married Separated Divorced Widowed

EMPLOYER'S NAME TELEPHONE

EMPLOYER'S ADDRESS CITY STATE ZIP

ABOUT YOUR INSURANCE:

YOUR PRIMARY INSURANCE COMPANY'S NAME

PRIMARY INSURANCE COMPANY'S ADDRESS

CITY STATE ZIP

POLICY HOLDER'S NAME

POLICY HOLDER'S ID NUMBER GROUP PLAN NUMBER

YOUR SECONDARY INSURANCE COMPANY'S NAME

YOUR SECONDARY INSURANCE COMPANY'S ADDRESS

CITY STATE ZIP

POLICY HOLDER'S NAME

POLICYHOLDER'S ID NUMBER GROUP PLAN NUMBER

If you need to make payment on this bill please contact Patient Financial Services at (989) 731-2198 to make arrangements.

WHAT IF I DO NOT HAVE INSURANCE:

Munson Healthcare has several financial assistance programs if you need assistance with your medical expenses. Please contact the Financial Assistance Department at 231-935-2350 to see if you qualify for one of the programs. View Financial Assistance Policy or Application: www.munsonhealthcare.org/financialhelp.

IMPORTANT REMINDER:

Please remember that your hospitalization coverage is a contract between you and your insurance company. This means that, while we are happy to work with your insurance, you are ultimately responsible for payment of your account. Otsego Memorial Hospital allows 45 days for your insurance company to pay. If payment is not received from your insurance company within 60 days from service, the balance is considered your responsibility and payment in full is due. Any questions regarding non-payment of charges should be directed to your insurance carrier.

Otsego Memorial Hospital cumple con las Leyes Federales de Derechos Civiles y no discrimina basado en raza, color, origen nacional, edad, incapacidad o sexo.

Favor viste cualquier lugar médico de OMH para solicitar un intérprete de lenguaje certificado o servicio relacionado a su incapacidad. Asistencia será provista libre de costo

وأقرعل اساساً على عزمي الو فبندملا قوقحلل ةيراسلا ةيداحتالا نين او قلا عم قفاوتني يراكذتلل وحيستوا فشتسم بلطل يراكذتلل وحيستوا فشتسملا يبط عقوم ي أ ترايزي جري سنجلل وأ قاعإلا وأ نسلل وأ يموقلا لصلل وأ نوللل اناجم ةدعاسملا ريفوت متيسو .كب صاخلا قاعإلاب ةلص تاذ ةمدخ ي وأ دمت عم ةغل مچرتم

Otsego Memorial Hospital complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Please visit any OMH medical site to request a certified language interpreter or service, related to your disability. Assistance will be provided free of charge.