


Understanding Your Bill/Statement

- A. Hospital name and address
- B. Guarantor number and name
- C. Date the statement was created
- D. Total amount due for this statement
- E. Total amount of payment enclosed
- F. Guarantor name and mailing address
- G. Hospital remit address
- H. Date of admission and discharge
- I. Patient Identifiers; including the account number, patient name and medical record number
- J. Provider Identifiers; service location and series bill number, including service provider
- K. Message code; corresponds with message code text below
- L. Total charges from service provider
- M. Total payments from insurance and guarantor
- N. Total insurance and/or patient adjustment amount
- O. Current Patient Balance on the account
- P. Current Patient Amount Due for this statement
- Q. Statement Messages that correspond to the Message Codes
- R. Current balance owed in aging buckets
- S. Amount Due grand total of all accounts included in this statement



2475 E. Broadway • Helena, MT 59601

Important Information

Questions about your bill, call us at (855) 576-0060
Go online to pay your bill, or select estatements

Guarantor

M000654321

Addressee

MARY JANE DOE
123 MAIN STREET
ANYTOWN, USA 00000-0000

Fast & Easy PAY ONLINE
No Login Required!

Pay online: www.stpetes.org/paybill

USE THE BACK TO INDICATE SPECIFIC PAYMENT AMOUNTS

Statement Date	Amount Due	Amount Paid
00/00/2016	\$0.00	\$

Please make checks payable and remit to:

ST. PETER'S HOSPITAL
P.O. BOX 6228
HELENA, MT 59604-6228

CONSOLIDATED ACCOUNT SUMMARY

Service Dates	Account Number Patient Name Medical Record Number	Provider Service Location Series Bill Number	Msg Code	Total Chgs	Total Pmts	Total Adjs	Current Balance	Amount Due
00/00/2010 09/10/2010	V00031573051 MARY JANE DOE M000821221	ST. PETER'S HOSPITAL OBSTETRICS FLOOR	5	3,658.12	-1,653.82	-1,971.70	32.60	32.60
07/25/2013	HH0000854434-187 MARY JANE DOE M000821221	DAVID KRAINACKER M.D. NORTH MEDICAL CLINIC	6	124.95	-118.45		6.50	6.50
10/02/2014	HH0000854434-239 MARY JANE DOE M000821221	CARLA MULL PA-C MARIA DEAN LAB	4	124.95	-40.27	-64.68	20.00	20.00
10/19/2015	V00032971997 MARY JANE DOE M000821221	ST. PETER'S HOSPITAL CLINIC LAB ORDERS	3	63.72		-3.19	60.53	60.53
01/06/2016	V00033032553 MARY JANE DOE M000821221	ST. PETER'S HOSPITAL MARIA DEAN LAB	1	147.77		-7.39	140.38	140.38
03/16/2016	HH00008544434-292 MARY JANE DOE M000821221	CHRISTOPHER M GABEL M.D. MARIA DEAN LAB		57.75	-10.00	-2.46	45.29 10.00	45.29 10.00

MESSAGES

1 THANK YOUR USING ST. PETER'S HOSPITAL. PLEASE REMIT PAYMENT OF THE BALANCE REQUESTED. IF YOU NEED TO MAKE PAYMENT ARRANGEMENTS, PLEASE CONTACT THE COLLECTION DEPARTMENT AT (855) 576-0600.

2 THANK YOU FOR CHOOSING ST. PETER'S. THE INSURANCE PAYMENT HAS BEEN RECEIVED ON THIS VISIT. THE REMAINING BALANCE IS NOW DUE FROM THE PATIENT. THE SELF PAY BALANCE ON THIS ACCOUNT IS [CUR SP BALANCE].

3 THIS ACCOUNT IS 30 DAYS PAST DUE. PLEASE CONTACT [COLLECTOR PHONE]. IF YOU HAVE QUESTIONS OR WOULD LIKE TO DISCUSS PAYMENT OPTIONS. THE SELF PAY BALANCE ON THIS ACCOUNT IS [CUR SP BALANCE]. THANK YOU.

4 THIS ACCOUNT IS 60 DAYS PAST DUE. PLEASE MAKE A PAYMENT TO AVOID THIS ACCOUNT BEING REFERRED TO AN OUTSIDE COLLECTION AGENCY. CONTACT [COLLECTOR PHONE] IF YOU HAVE ANY QUESTIONS. THE BALANCE DUE IS [CUR SP BALANCE]. THANK YOU.

5 THIS ACCOUNT IS 90 DAYS PAST DUE AND WILL BE REFERRED TO AN OUTSIDE COLLECTION AGENCY IF PAYMENT IS NOT RECEIVED IMMEDIATELY. PLEASE CONTACT [COLLECTOR PHONE] TO DISCUSS PAYMENT OPTIONS. TOTAL IS [CUR SP BALANCE]. THANK YOU.

6 THANK YOU FOR YOUR PAYMENT. THE BALANCE OF THIS ACCOUNT IS [CUR SP BALANCE]. PLEASE CONTINUE MAKING PAYMENTS PER YOUR CONTRACT. IF YOU HAVE QUESTIONS PLEASE CALL [COLLECTOR NAME].

Current	1-30 Days Past Due	31-60 Days Past Due	61-90 Days Past Due	Over 90 Days Past Due
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

AMOUNT DUE \$000.00

104075

104075

Understanding Your Bill/Statement

- U. Check box if paying this account
- V. Admit or Service date of the account
- W. Patient name
- X. Account number
- Y. Series Bill number, used for recurring account such as physical therapy
- Z. Amount Due this statement
- AA. Amount being paid for the referenced account
- BB. Address & Telephone Change information
- CC. Contact telephone numbers
- DD. News and events about our hospital
- EE. Payment Portal information
- FF. Financial Assistance information

RETURN SLIP

U
V
W
X
Y
Z
AA

CHECK THE BOX FOR ACCOUNTS TO BE PAID IN FULL
ANY REMAINING AMOUNT WILL BE APPLIED TO THE OLDEST DATE OF SERVICE.

Service Date	Patient Name	Account Number	Series Bill #	Amount Due	Amount Paid
<input checked="" type="checkbox"/> 09/08/2010	Mary Jane Doe	V00031573051	101	\$ 32.60	\$ _____
<input type="checkbox"/> 07/25/2013	Mary Jane Doe	HH0000854434-187		\$ 6.50	\$ _____
<input type="checkbox"/> 10/02/2014	Mary Jane Doe	HH00008544434-239		\$ 20.00	\$ _____
<input type="checkbox"/> 10/19/2015	Mary Jane Doe	V00032971997	106	\$ 60.53	\$ _____
<input type="checkbox"/> 01/06/2016	Mary Jane Doe	V00033032553	102	\$ 140.38	\$ _____
<input type="checkbox"/> 03/16/2016	Mary Jane Doe	HH00008544434-292		\$ 10.00	\$ _____

Address & Telephone # Changes

Address: _____ BB

Telephone: _____

CONTACT US

For specific questions, please contact us by calling the number listed below, Monday – Friday, 8am-5pm.

Customer Billing Service: 406-447-2783
Financial Counselors: 406-447-2828
Quality of Care Advocate: 406-447-2667

ST. PETER'S NEWS & EVENTS

Caring Is Our Calling

"Megan Duncan, RN-C exhibited genuine care and concern..."
- Monica McSpadden, Helena

Read more comments from our patients!

PAYMENT PORTAL

Simple, Seamless and Secure

Pay Online at <https://www.stpetes.org/paybill>

Create a Healthcare Payments Account today and simplify the way you manage and pay your healthcare bills.

Plus, view payment history and eStatements, set up automatic payments and manage payment methods 24/7.

Now, make online payments on the go from your mobile device, including your iPhone or iPad.

FINANCIAL ASSISTANCE

If you are unable to pay your bill in full or you have not made prior payment arrangements with a Financial Counselor, you should contact us as soon as possible at 406-447-2783. St. Peter's Hospital offers financial assistance in the form of a Discounted Care Program and Customized Payment Plans. Additional information regarding our financial guidelines, including copies of the Assistance Policy and Application can be found at www.stpetes.org/patient-assistance.

The table below will help you determine whether you and your family could qualify for our Discounted Care Program.

Discounted Care Program Table	
2016 St. Peter's Financial Assistance Income Levels	
Family Size	Family Yearly Income
1	\$29,700
2	\$40,050
3	\$50,400
4	\$60,750
5	\$71,100
6	\$81,450
7	\$91,825
8	\$102,225

For each additional family member add \$10,400