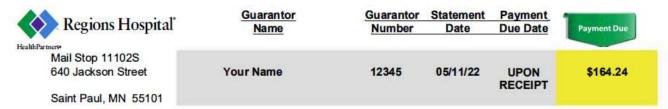
Keys to Understanding your Regions Hospital Statement



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.



Log on to regionshospital.com Select Online "Pay a Bill", and then select Pay Now. Online: 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.



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.



Mail Stop 11102S

640 Jackson Street St. Paul, MN 55101-2502

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.



Card Number: Amount:

Signature: Exp. Date:

Due Date Pay this amount Guarantor # **UPON RECEIPT** 164.24 12345

Your Name 123 Main Street

Regions Hospital

SAINT PAUL, MN 55101

REGIONS HOSPITAL PO BOX 77093 MINNEAPOLIS, MN 55480-7793 **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

How to pay your bill.

Where to call for payment plan options.

How to apply for Financial Assistance.

Detach Payment coupon to mail payment

- Credit Card
- Check
- Money Order

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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 Deductible: \$129.04 Coinsurance: \$35.20		\$316.76		
	Unitedhealthcare Adjustments		\$430.85		
	Your Responsibility		100000000		\$164.24

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- 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.

PAYMENT DUE:

\$164.24

Important messages and amount due for this statement.