



## Medical Account

**Account Number:** 721  
**Responsible Party:** John Doe  
**Patient:** John Doe  
**Medical Record Number:** 99999999  
**Statement Date:** 11/06/13

**Amount Due:** \$ 440.00

## Insurance Information

BLUE CROSS OF OR - BLUE CROSS PPA

## About Your Healthcare Account

- The visit summary below shows activity on your account. The balance you currently owe is indicated in "Amount Due" listed above.
- Amount due is payable upon receipt.
- If payment in full has already been made, please disregard this notice.

## Pay your bill using MyChart

View your statement or make a payment online at [mychartweb.ohsu.edu](http://mychartweb.ohsu.edu)

## Questions?

Please contact us to make payment arrangements or see the back of the statement for additional information. Call (866) 617-6855.

Monday – Thursday 8 a.m. - 6 p.m.  
 Friday – 8 a.m. - 5 p.m.

E-mail us at [askus@ohsu.edu](mailto:askus@ohsu.edu)  
 or visit [www.ohsuhealth.com/billing](http://www.ohsuhealth.com/billing)

Refer to Account Number on all correspondence.

*Thank You!*

## Account Aging Summary

0-30 Days	31-60 Days	61-90 Days	Past Due	Total Account Balance
\$440.00	\$0.00	\$0.00	\$0.00	\$440.00

Please Detach and Return with Your Payment  
 Any Payments or Charges After the Above Billing Date Will Appear on Your Next Statement.

### Amount Due is Payable Upon Receipt

- Please check box if address below is incorrect and indicate change(s) on reverse side.

Bill Date	Account No.	Amount Due	Amount Enclosed
11/06/13	721	440.00	

### IF PAYING BY CREDIT CARD, FILL OUT BELOW

<input type="checkbox"/> VISA	<input type="checkbox"/> MC	<input type="checkbox"/> DEBIT CARD	<input type="checkbox"/> AMEX	<input type="checkbox"/> DISCOVER
CARD NUMBER				
SIGNATURE			EXPIRATION DATE	

### Make Payment To:

John Doe  
 1515 SW 5th Ave  
 PORTLAND, OR 97201

Oregon Health & Science University  
 PO Box 4674  
 Portland OR 97208-4674