



OHSU is excited to provide you with a simpler bill that combines hospital and provider charges on one statement. Below is information about the new format.

Patient bill cover page.

A. Account Number:

Please have your account number ready when contacting us.

B. Amount Due:

This is what you owe upon receipt of your bill. Please include the payment coupon with your payment.

C. Insurance Information:

This is the insurance information we have on file for your account.

D. Questions: Please call or write us if you have questions.

E. About Your Health Care Account: Important information regarding your health care account.

F. Account Aging Summary: What you still owe.

NEW! You can now view and pay your bill electronically via your MyChart account. If you do not have a MyChart account, request one at your next appointment or call **503.494.8760**.

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OREGON HEALTH & SCIENCE UNIVERSITY

Medical Account

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

B Amount Due: \$ 440.00

C Insurance Information
BLUE CROSS OF OR - BLUE CROSS PPA

E 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.

F 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

☐ VISA ☐ MC ☐ DEBIT CARD ☐ AMEX ☐ DISCOVER

CARD NUMBER

SIGNATURE

EXPIRATION DATE

Make Payment To:

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

John Doe
1515 SW 5th Ave
PORTLAND, OR 97201

Pay your bill using MyChart
View your statement or make a payment online at 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
or visit www.ohsuhealth.com/billing
Refer to Account Number on all correspondence.

Thank You!

Questions?

Please call 866.617.6855 or email askus@ohsu.edu

Thank you!



We have significantly changed the detailed information on patient bills. Below is information for how to read the details page of your new bill.

Bill details page.

A. Date of Service:

This is the date of your visit or procedure.

B. Description:

This section provides information about the care you received at OHSU. Details include charges, payments, adjustments and patient balance.

C. Section Header:

This shows either hospital or provider services with the associated visit number.

D. Balance Due:

This is what you owe.

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STATEMENT DETAIL

OREGON HEALTH & SCIENCE UNIVERSITY		Charges	Pmts/Adjs	Patient Balance
A	B			
Date of Service	Description			
HOSPITAL CLINIC NUMBER: 014				
10/01/13	CLINIC - GENERAL	\$117.00	-\$5.30	
	BLUE CRO Insurance Payment - 11/06/13		-\$11.70	
	BLUE CRO HB OTHER - CA - 11/06/13		-\$17.00	\$100.00
	Totals	\$117.00		
FACULTY PRACTICE VISIT NUMBER: 021	PROVIDER: BLANCHARD, SHAWN			
10/01/13	PR OFFICE/OUTPT VISIT, EST, LEVEL III	\$172.00	-\$70.00	
	BLUE CRO Insurance Payment - 11/06/13		-\$22.00	
	BLUE CRO Insurance Adjustment - 11/06/13		-\$92.00	\$80.00
	Totals	\$172.00		
HOSPITAL CLINIC NUMBER: 015				
10/11/13	CLINIC - GENERAL	\$117.00	-\$55.30	
	BLUE CRO Insurance Payment - 11/06/13		-\$11.70	
	BLUE CRO HB OTHER - CA - 11/06/13		-\$67.00	\$50.00
	Totals	\$117.00		
FACULTY PRACTICE VISIT NUMBER: 022	PROVIDER: BLANCHARD, SHAWN			
10/11/13	PR OFFICE/OUTPT VISIT, EST, LEVEL III	\$172.00	-\$70.00	
	BLUE CRO Insurance Payment - 11/06/13		-\$22.00	
	BLUE CRO Insurance Adjustment - 11/06/13		-\$92.00	\$80.00
	Totals	\$172.00		
HOSPITAL CLINIC NUMBER: 016				
10/25/13	CLINIC - GENERAL	\$117.00	-\$55.30	
	BLUE CRO Insurance Payment - 11/06/13		-\$11.70	
	BLUE CRO HB OTHER - CA - 11/06/13		-\$67.00	\$50.00
	Totals	\$117.00		
FACULTY PRACTICE VISIT NUMBER: 024	PROVIDER: JOSLIN, TIMOTHY A			
10/25/13	PR OFFICE/OUTPT VISIT, EST, LEVEL III	\$172.00	-\$70.00	
	BLUE CRO Insurance Payment - 11/06/13		-\$22.00	
	BLUE CRO Insurance Adjustment - 11/06/13		-\$92.00	\$80.00
	Totals	\$172.00		
	Balance Due			\$440.00

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Questions?

Please call 866.617.6855 or email askus@ohsu.edu

Thank you!