

UNDERSTANDING YOUR BILL FROM PHELPS HEALTH

Beginning October 1, 2020, Phelps Health bills will have a new look. Statements for the Phelps Health Medical Group and the Phelps Health Hospital will be combined into one bill.

Patients may still receive statements in the old billing format for services before October 1, 2020.

9/1/2020

OLD
BILL

Phelps Health Medical Group
PO Box 579
Rolla MO 65402
Forward Service Requested

Abraham Lincoln
2607 Log Cabin Dr.
Salem, MO 65560

Statement

Please complete payment information.

Account No.	Statement Date	Payment Due
ecw12345	2020-06-24	15.84
Mail Pay Enter Payment Amount \$		
by Check	Make Check Payable to: Phelps Health Medical Group	Check No.
by Card	Select Card: <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> DISC <input type="checkbox"/> AMEX	
Card No.	Exp. Date	
Signature	3-4 Digit Security Code	

Phelps Health Medical Group
PO BOX 579
Rolla MO 65402-0579

☐ Check if your billing information has changed. Provide update(s) above or on reverse side

Please detach and return top portion with payment.

Statement Detail			Statement Date 2020-06-24	Account No. ecw14468		
Claim No.	Visit Date	Activity Date	Description of Service	Charges	Payments	Balance
1234567	2020-06-02	2020-06-02	Patient: Abraham Lincoln Account Num: ecw12345			
1234567	2020-06-02	2020-06-02	Claim: 1234567, Provider: Rachel Feeler, NP			
1234567	2020-06-02	2020-06-02	93005 ELECTROCARDIOGRAM, TRACING	23.00		
1234567	2020-06-02	2020-06-02	99213 Office Visit, Est Pt., Level 3	140.00		
1234567	2020-06-02	2020-06-02	Patient Payment		25.00	
1234567	2020-06-02	2020-06-23	INSURANCE Payment		65.35	
1234567	2020-06-02	2020-06-23	INSURANCE Adjustment		56.81	
1234567	2020-06-02	2020-06-23	Your Balance Due On These Services ...			15.84

Aging	Current	31 - 60	61 - 90	91 - 120	120+	Payment Due
	15.84	0.00	0.00	0.00	0.00	15.84

Phelps Health Medical Group PO Box 579 Rolla MO 65402



Phelps Health

Account number: 45350
Responsible party: Abraham Lincoln
Statement date: December 28, 2021

NEW
BILL

Thank you for choosing Phelps Health

Your payment is now due. Please submit payment of \$142.10 by December 28, 2021. Thank you for your prompt response.

Account Summary

Total Charges	203.00
Insurance Payments	0.00
Your Payments	0.00
Your Current Balance	142.10

Amount due by **\$142.10**
December 28, 2021

Payment plans can only be made by directly contacting Customer Service or via MyChart® request.

Pay Your Bill Online



The easiest way to view your statements, make payments, schedule appointments and more!

mychart.phelpshealth.org
Activation code: 6BHSC-6QDQK-Z296T
Not interested in signing up for MyChart®?
Use this info for guest pay.

Guarantor ID: 45350 Name: Lincoln

MyChart® is a registered trademark of Epic Systems Corporation.

Pay by Mail

Complete the form below and return in the enclosed envelope.

Pay by Phone

Please call 877-644-5808 to pay by credit or debit card. This interactive response line is available 24/7.

Questions?

Please call our Customer Service Department at 573-458-7715 or 800-634-1404 (Toll-Free). Hours of operation are Monday through Friday, 8:00 AM to 4:30 PM CT.



Phelps Health

1000 WEST 10TH STREET
ROLLA, MO 65401

You Owe	Due By	Amount Enclosed
\$142.10	December 28, 2021	\$

Abraham Lincoln
2607 LOG CABIN DR APT 200D
SALEM, MO 65560

Detach the bottom portion to return with your payment.

Card Type (Please Circle)	<input type="checkbox"/> American Express <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> DISCOVER
Cardholder	
Card #	Exp Date
Signature	

Make checks payable to Phelps Health.
Please include your account number on your check.

PHELPS COUNTY REGIONAL MEDICAL CENTER
DBA PHELPS HEALTH
PO BOX 959447
ST LOUIS MO 63195-9447

00000453500000001467800000142109

Your Accounts

Physician Services for Ariella Martin, FNP at Phelps Health Medical Office Building

Acct #50052666

Nov 28, 2021

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Nov 28, 2021	OFFICE OUTPATIENT VISIT 25 MINUTES	203.00			
Nov 28, 2021	SELF-PAY DISCOUNT Your Responsibility			-60.90	\$142.10

Use this color code to find important information on your bills, whether you are receiving a bill in the old or new format.

- Amount Due
- Account Number
- Statement Date
- Service Provided
- Insurance Payment(s)
- Patient Payment(s)

This color code will not appear on your official bill.