

# How to read your bill

You will receive one bill for both hospital and doctor services. Use this guide to understand what each part of your statement means.

## Cover page

### A. Account Number

Please have your account number ready when contacting us.

### B. Amount Due

This is what you owe at the time you receive this bill.

### C. Insurance Information

This is the insurance we have on file and billed for you.


### D. Questions

Please call or write us if you have questions.

### E. About Your Health Care Account

Important information about your health care account.

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**Medical Account**

**A** Account Number: 721  
Responsible Party: Doe, John  
Patient: Doe, John  
Medical Record Number: 999999999  
Statement Date: 05/22/18

**B** Amount Due: \$ 1,351.77

**C** Insurance Information  
MODA OHSU PPO

**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.

**D** **Pay your bill using MyChart**  
View your statement or make a payment online at [www.ohsu.edu/mychart](http://www.ohsu.edu/mychart).

**Questions?**  
Please contact us to make payment arrangements or see the back of the statement for additional information.  
Call 503-494-8047 or 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!*

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

Statement Date	Account No.	Amount Due	Amount Enclosed
05/22/18	721	1,351.77	

**Amount Due is Payable Upon Receipt**  
Please check box if address below is incorrect and indicate change(s) on reverse side.

IF PAYING BY CREDIT CARD, FILL OUT BELOW			
VISA	MC	DEBIT CARD	AMEX DISCOVER
Card Number		Expiration Date	
Signature			

**Make Payment To:**  
Oregon Health & Science University  
PO Box 4674  
Portland OR 97208-4674

JOHN DOE  
1515 SW 5TH AVE  
PORTLAND, OR 97267

## HOW TO PAY YOUR BILL

<b>PATIENT PORTAL</b>	<a href="http://www.ohsu.edu/mychart">www.ohsu.edu/mychart</a>
<b>ONLINE</b>	<a href="http://www.ohsu.edu/guestpay">www.ohsu.edu/guestpay</a>
<b>PHONE</b>	503-494-8047 or 1-866-617-6855 (toll-free)
<b>MAIL</b>	Patient Billing Services, P.O. Box 4674, Portland, OR 97208-4676. <i>Please include your payment coupon with your payment.</i>



