

Patient ID # **123456789**
Patient name John Doe
Statement date 12/01/20


Statement of services




Balance summary


Balance in a payment plan	\$ 1,011.36
Balance not in a payment plan	\$ 825.00
Balance owed	\$ 1,836.36


Payment plan installment amount due	\$ 168.56
Balance not in a payment plan (due in full)	\$ 825.00

Amount due by 12/15/20 \$ 993.56

 Please see reverse side for account detail.

 **Pay online (recommended)**
Visit epay.MedStarHealth.org or scan  

 **Pay by phone**
Call **410-933-4966** or toll-free **844-817-6087**. Fee free payments 24 hours a day, seven days a week.

 **Customer service**
For questions, itemized bills, payment arrangements or financial assistance, call **410-933-4966** or toll-free **844-817-6087**, Monday through Friday, 8 a.m. to 6 p.m.

Visit MedStarHealth.org/FinancialAssistance to obtain a copy of our patient information sheet and to learn more about our billing and financial assistance policies.

Se habla español, llame al 410-933-4966 o al número gratuito 844-817-6087 y seleccione 8 inmediatamente.

Visite MedStarHealth.org/FinancialAssistance para obtener una copia de nuestra hoja de información para el paciente y para aprender más sobre nuestras políticas de facturación y asistencia financiera.

Chat with us at epay.MedStarHealth.org.



Important information

Thank you for choosing MedStar Health for your healthcare needs. The amount due reflects current patient responsibility as of the statement date and does not include any services that are still pending with the insurance carrier.

Please detach the bottom portion and return with your check payment in the enclosed envelope.



Patient ID # **123456789**
Due date 12/15/20
Amount due by 12/15/20 \$ 993.56
Amount I am paying \$

 Pay online at epay.MedStarHealth.org or scan 
We accept Visa, MasterCard, American Express, Discover, PayPal, Apple Pay, and eCheck.

Make checks payable to:

MedStar Health
PO Box 9999
Arlington, VA 22216-9999


JOHN DOE
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