MedStar Health

AMOUNT DUE

$257.45

Hi John! Here is your current statement

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.

Patient Name
John Smith

Statement Date:	09/22/25	Patient ID #:	**123456789**
Payment Plan Balance	$642.92	Payment Plan Installment Due	$107.16
Non-Payment Plan Balance	$150.29	Non-Payment Plan Due in Full	$150.29

Make a secure, one-time payment in our online payment portal!

Epay.MedStarHealth.org

SCAN ME

Customer Service:
For questions, call **410-933-4966** or toll free **844-817-6087**
Monday - Friday **8:00 am – 6:00 pm**.

For billing and financial assistance details, see back.
Para obtener información sobre facturación y asistencia financiera, vea el reverso

MedStar Health
PO Box 411019 | Boston, MA 02241-1019

Pay Online or Chat: epay.MedStarHealth.org.
Se habla espanol, flame al 410-933-4966 o al numero gratuito 844-817-6087 y seleccione 8 inmediatamente.

Account Name:	John Smith
Patient ID #:	123456789
Amount Due by 11/11/2025:	**$257.45**

Amount Enclosed

ADDRESSEE:

JOHN SMITH
1234 MAIN ST
SILVER SPRING, MD 12345-1234

If paying by check, please send **one check per Patient ID#.**
Make checks payable to:

MedStar Health Inc.
PO Box 411019
Boston, MA 02241-1019

X00001230456789 01132019 0000000007

Patient ID#: 123456789 **Patient Name: John Smith** **Statement Date: 10/25/2025**

Date	Service Description	Charges	Payments/ Adjustments	Patient Balance
03/07/2025	**MHPT Account # 12345678-10** Medstar Health Physical Therapy			
	PT Elec Stim Unattended	$57.00		
	PT Manual Ther Ea 15 Min	$74.00		
	PT Neuro Re-Ed Bal 15Min	$90.00		
	PT Ther Act Ea 15 Min	$102.00		
	PT Ther Ex Ea 15 Min	$80.00		
03/07/25	Patient Payment		-$80.00	
03/20/25	Managed Care Allowance		-$115.71	
03/20/25	Aetna Payment Electronic		$0.00	
05/08/25	Non Covered Mod Max		-$57.00	$150.29
	Total	$403.00	-$252.71	$150.29
	Total for all services:	**$403.00**	**-$252.71**	**$150.29**

Payment Plan

You can create a new payment plan by visiting **epay.MedStarHealth.org** or add these balances to your existing payment plan by calling **844-817-6087.** Your payment plan balance is **$642.92**. Your Monthly installment is **$107.16** to pay toward the balances below and does not include the balances above. We received your last installment payment of **$107.16** on 10/11/2025.

07/28/25	MHPT Hosp Account # 81937567-6	$375.00	-$279.46	$95.54
07/28/25	MHPT Hosp Account # 81937567-7	$375.00	-$201.57	$173.43
07/28/25	MHPT Hosp Account # 81937567-8	$419.00	-$215.16	$203.84
07/28/25	MHPT Hosp Account # 81937567-9	$329.00	-$158.89	$170.11
	Total Payment Plan Balance:			**$642.92**
	Amount due by 11/11/2025			**$257.45**

You may receive multiple statements from providers for care received during your treatment.

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

Es possible que reciba varios estados de cuenta de los proveedores por la atencion recibida durante su tratamiento.

*Visite **MedStarHealth.org/FinancialAssistance** para obtener una copia de nuestra hoja de informacion para el paciente y para aprender sabre nuestras politicas de facturacion y Asistencia finaciera.*

Introducing 2 convenient, fee-free ways to pay your bill…

SCAN ME

To pay online, go to epay.MedStarHealth.org where you can:

- View your statement
- Make a payment
- Set up payment plans, and more

Please be sure to set up your online portal **EXACTLY** as patient's name appears on this statement. If an edit is needed, please call customer service at **410-933-4966** or toll-free at **844-817-6087**. Representatives are available Monday through Friday from 8:00 am to 6:00 pm.

Pay by Phone: Call **410-609-6065** or toll-free **855-697-9508**. Fee free payments 24 hours per day, seven days per week.