



Keys to Understanding Your Southwest Healthcare Services Medical Statement

Numbered areas point out where important information can be found on our newly formatted statement

- 1 Summary of Account Activity
- 2 Name and Address of Responsible Party
- 3 Patient Name
- 4 Date of Service/ Transactions
- 5 Responsible Party's Account Number
- 6 Date invoice is printed
- 7 Payments/Adjustments Received
- 8 The amount pending with your insurance company
- 9 Amount Due
- 10 Pay online at swhealthcare.mysecurebill.com
- 11 QR Code for easy access to online bill pay
- 12 Pay by credit card, change of address, or change in insurance section
- 13 Payment Guidelines and Financial Assistance Policy



Southwest Healthcare Services
PO Box C
Bowman, ND 58623

10  **QUICK PAY**
A fast, simple, secure way to make a one-time payment.

Hospital/Clinic Statement

For help with billing questions, please call:
701-523-3226
Office Hours:
Monday - Friday, 8am - 5pm

2 Addressee

JANE DOE
PO BOX 9999
WRIGHT WY 82732-1277

9 **QUICK PAY**

Pay Online: swhealthcare.mysecurebill.com

Account Number	Due Date	Amount Due	Amount Paid
11111	Upon Receipt	\$1,488.00	\$

5 Please make checks payable and remit to:


SOUTHWEST HEALTHCARE SERVICES
PO BOX C
BOWMAN, ND 58623

Page 1 of 1

myEasyMatch Code: XYZ-123-ABC Please detach and return top portion with payment.

Account Number	Account Name	Statement Date	Due Date
11111 5	JANE DOE	02/10/2017 6	Upon Receipt

Date	Service Description	Charges	Payments/Adjustments	Insurance Balance	Patient Balance
08/06/2014	JANE DOE Encounter #: A001111111111111	\$9,185.01	\$7,697.01	\$	\$1,488.00
01/10/2017	INPATIENT Prior Payments & Adjustment				

11 

QUICK PAY

To make a fast & secure one-time payment!

Southwest Healthcare Services
PO Box C
Bowman, ND 58623

9 **AMOUNT DUE: \$1,488.00**

Questions About Your Statement

Our Patient Financial Services staff will assist you with any questions concerning your Southwest Healthcare Services statement. Please contact a representative at (701) 523-7179 from 8:00 AM to 5:00 PM, Monday through Friday.

Please refer to the back of the statement for an explanation of patient responsibility, payments by credit/debit card, any address or insurance changes, and additional telephone numbers that may be helpful in resolving your accounts.

Change of Address
Name (Last, First, Middle Initial)
Address
City State ZIP
Telephone

If Paying By Credit Card, Fill Out Below
CHECK CARD USING FOR PAYMENT
CARD NUMBER EXP. DATE
SIGNATURE
PRINT NAME

Primary Insurance Updates
Primary Insured Name
Primary Insurance Name Effective Date
Primary Insurance Street Address
City State ZIP Telephone
Employer Name Group Number
Subscriber ID #

Secondary Insurance Updates
Secondary Insured Name
Secondary Insurance Name Effective Date
Secondary Insurance Street Address
City State ZIP Telephone
Employer Name Group Number
Subscriber ID # Policyholder's Date of Birth

13 **Please review our monthly payment guidelines:**

Balance	Minimum Monthly Payment
\$100 and below	\$25.00
\$100-\$250	\$35.00
\$251-\$500	\$50.00
\$501-\$750	\$75.00
\$751-\$1,000	\$100.00
\$1,001 and above	Contact Patient Financial Services

Financial Assistance Policy
Patients may qualify for discounted services through the financial assistance program or sliding fee scale if services are medically necessary. Patient must demonstrate inability to pay based upon meeting certain income, asset and credit eligibility criteria which may include significant and/or catastrophic medical bills. If a patient does not have insurance and are eligible for financial assistance, they will not be charged more for services than the amount generally billed to those who have insurance. Patients who qualify for financial assistance shall be identified as soon as possible, either before services are provided or after an individual has received services to stabilize a medical condition. Financial Assistance may be provided 3 months past the approval of application. An electronic version of the policy and application are available at swhealthcare.net.

For additional information about the financial assistance program or to arrange an appointment with the Financial Counselor, please call 701-523-7179.

Associated Expenses
You may also receive medical bills from other providers of services related to your Southwest Healthcare Services visit. It is expected that you will work directly with these providers regarding their charges.