

# Welcome!

If you have questions that aren't covered below, feel free to call Salem Health Patient Financial Services at 503-814-BILL (2455). We are happy to answer any question you may have.

**1 Account information and statement date.**

**2 Information box.** Any special notes about your payment will be in this section.

**3 Account summary.** "Total charges" refers to the original total bill. "Total payments and adjustments" shows how much you or your insurance has paid so far. "Total balance" is how much you still owe. "Amount due" is your minimum payment due for this statement. You can pay that amount or more; there is no penalty for paying your bill off early.

**4 MyChart.** Use the link to access MyChart and make payments. Activation code provided to sign up if applicable.

**5 Ways to pay.** Paying Salem Health bills is more convenient than ever before! Use any of the methods listed.

**6 Financial assistance information.** Details of our prescreening process to determine if you are eligible for a presumptive discount will be included, if applicable.

**7 Payment plan details.** If you have set up a payment plan for your Salem Health bills, check this section to see which bills are in the plan and which aren't. If you would like to add a new bill to an existing payment plan, contact information is provided.

**Salem Health Hospitals & Clinics**

Guarantor Account Number: [Redacted] Amount Due: [Redacted]  
Responsible Party: [Redacted] Statement Date: [Redacted]

**About Your Health Care Account**

- Thank you for choosing Salem Health for your health care.
- The balance you currently owe is indicated in the "Amount Due" box below.
- For billing questions or to set up a payment plan, please call 503-814-BILL (2455).

**Summary**

Additional charge details are on the next page.

Total Charges	\$4,500.00
Total Payments and Adjustments	\$1,951.01
<b>Total Patient Balance</b>	<b>\$2,323.49</b>
<b>Amount Due</b>	<b>\$2,323.49</b>

Payment is due upon receipt and will be applied to the oldest charges on your account.

**Use MyChart to manage your health information**

MyChart is a free and secure way to view your record. You can pay your bill, set up payment plans, estimate, message your provider, see your test results and more.

Sign up by going to [salemhealth.org/MyChart](http://salemhealth.org/MyChart) and using the activation code: **W4CM2-SV6NT**.

**How to pay your bill**

Pay Online with MyChart [www.salemhealth.org/mychart](http://www.salemhealth.org/mychart)  
Call 503-814-BILL (2455)  
Monday through Friday, 7:30 a.m. to 5:00 p.m.

**Financial Assistance Information**

Salem Health is committed to ensuring you get the care you need, no matter your financial situation. You may qualify for free or discounted care based on family size and income. If you have health insurance, you may apply anytime by either completing the financial assistance application through MyChart [www.salemhealth.org/fa-app](http://www.salemhealth.org/fa-app) or by filling out a paper application. To request a free paper application or assistance in completing the application, contact the financial counseling team at 503-562-4357 or via email at [financialcounselors@salemhealth.org](mailto:financialcounselors@salemhealth.org). To download an application or to see our policies, visit [www.salemhealth.org/financialassistance](http://www.salemhealth.org/financialassistance).

Keep this portion for your records  
Detach this portion and return with your payment

**Salem Health Hospitals & Clinics** PO Box 14001 Salem, OR 97309

Guarantor Account Number: 00095435861307752931

STATEMENT DATE	AMOUNT DUE	AMOUNT ENCLOSED
06/12/24	\$2,323.49	\$

Make Checks Payable To: Salem Health

My address or insurance information has changed. I have written the changes on the back of this form.

Salem Health  
PO Box 6990  
Portland, OR 97228-6990

**Salem Health Hospitals & Clinics**

Guarantor Account Number: [Redacted] Amount Due: [Redacted]  
Responsible Party: [Redacted] Statement Date: [Redacted]

**Payment Plan Account Detail**

This section shows visits that are part of the Payment Plan you have set up with Salem Health. Please be aware that any new Salem Health charges may be automatically added to your current payment plan. To view your balances, sign in to your MyChart account at [salemhealth.org/MyChart](http://salemhealth.org/MyChart). If you have any questions or would like to speak with us about your payment plan, please call us at 503-814-BILL(2455). **Your Payment Plan is overdue. Please submit your payment or contact us if you need assistance.**

Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Acct	\$52.00	\$0.00	-\$18.20	\$33.80
Acct	\$1,000.00	\$0.00	\$0.00	\$1,000.00
				Remaining Balance: \$1,033.80
				Monthly Due: \$100.00
				<b>Overdue: \$100.00</b>
				<b>Current Due: \$200.00</b>

**Accounts Not On A Payment Plan**

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
06/14/21	Medical/Surgical Supplies and Devices - General	\$89.00			
	Radiology - Diagnostic - General	\$289.00			
	Emergency Room - General	\$914.00			
	Charity Care Adjustments		-\$500.00		
	Patient Payment - 09/22/21			-\$5.00	
	Patient Payment - 02/07/22 (Visa x8415)			-\$1.00	
	Patient Payment - 07/11/22 (Visa x8415)			-\$1.00	
	Patient Payment - 08/08/22 (Visa x8415)			-\$1.00	
	Patient Payment - 08/08/22 (Visa x8415)			-\$1.00	
	Patient Payment - 11/17/22			-\$1.00	
	Patient Payment - 11/18/22			-\$1.00	
	Patient Payment - 12/09/22 (Visa x8415)			-\$50.00	
	Patient Payment - 12/09/22 (Visa x8415)			-\$446.00	
	Uninsured Discount - 07/20/21			-\$1.00	
	Charity Write-Off - 10/18/21			-\$5.00	
	Charity Write-Off - 04/18/22			-\$1.00	
	Uninsured Discount - 12/02/22			-\$277.20	
	Self Pay Refund - 12/09/22			\$446.00	
<b>Totals</b>		<b>\$1,292.00</b>	<b>-\$500.00</b>	<b>-\$345.20</b>	<b>\$446.80</b>
<b>Non-Payment Plan Accounts Totals</b>		<b>\$1,292.00</b>	<b>-\$500.00</b>	<b>-\$345.20</b>	<b>\$446.80</b>
<b>Non-Payment Plan Balance Due</b>					<b>\$446.80</b>

**Total Amount Due: \$646.80**