

**AMOUNT DUE**  
**\$123,456.7859**


 Due Date  
**04/30/25**

## MyChart Payment Plan

### Options That Work for You!

Strategic payment plans that work for you and your budget! Simply go online to select a plan for up to 36 months, interest free.  
[mychart.parkview.com](http://mychart.parkview.com)

Select a plan for up to 36 months

### Current Account Summary

Guarantor Type:	Personal
Guarantor Name:	Any Patient
Guarantor Account #:	1234567890
Insurances:	Any Insurance
Total Balance:	\$123,456.78
Statement Date:	01/01/2025

### Additional Payment Options



#### Online Bill Pay

Make a safe, secure payment online!  
<https://mychart.parkview.com/mychart/s/OGMAVBXAO-CR37CYBZE2B4JJGCE/NoAcctLogin>



#### Pay by Phone 24/7

To make an automated payment by phone, call (260) 266-6700 or toll-free (855) 814-0012.



#### Financial Assistance

Financial Assistance may be available if you are uninsured or have exhausted your Insurance benefits and cannot afford to pay your bill

#### Have questions about your bill?

Please call (260) 266-6700 or toll free (855) 814-0012  
 Mon - Thurs 8:00am - 5:15pm, Friday - 7:00am - 4:30pm

Any Patient  
 1234 Any Street  
 Any Town, OH 12345-6789




Guarantor Account #:	1234567890
Guarantor Name:	Any Patient
<b>Please pay this amount by 04/30/25</b>	\$123,456.78
Amount Enclosed:	\$ _____



Pay Online: [mychart.parkview.com](http://mychart.parkview.com)

MAKE CHECKS PAYABLE AND REMIT TO:

Parkview Health System Inc.  
 PO Box 78004  
 Minneapolis, MN 55480-2800



000000000125912402641592

114216-PARK\_BA11H-7

## Financial Assistance Policy – Plain Language Summary

The Plain Language Summary is being provided to you to help explain Parkview Health's Financial Assistance Policy. It summarizes eligibility requirements for assistance and provides contact information so that you can obtain further information regarding the Policy or applying for financial assistance.

### Do I qualify?

Patients whose family income does not exceed twice the Federal Poverty Guidelines may be eligible for financial assistance. Financial assistance is available at Full (100%), Partial (75%), and Catastrophic (AGB 72%). Patients must complete a Financial Assistance Application in order to be considered under Parkview's Financial Assistance program. Patients must apply for Financial Assistance within 240 days of the date a patient is sent the first statement due for that date of service. Patients eligible for financial assistance will not be charged more than the Amount Generally Billed. The Amount Generally Billed is defined as the amount allowed by Medicare and private health insurers for emergent or medically necessary care.

### How do I obtain more information?

The Financial Assistance Policy and the Financial Assistance Application provide more detailed information regarding eligibility and the application process, and are available at <https://www.parkview.com/patients-and-visitors/billing-and-insurance/financial-assistance> or by sending a written request to:

Attention: ARS Team Patient Financial Services  
Parkview Health  
P.O. Box 5600  
Fort Wayne, IN 46895

Financial Assistance Applications, Plain Language Summary, Collection Policy and Financial Assistance Policy are available in English, Spanish, and Burmese.

The Financial Assistance Policy and the Financial Assistance Application are also available by calling the Patient Accounting Call Center at 260-266-6700 or toll free 855-814-0012, or by visiting any cashier office between the hours of 9:00 am and 4:00 pm at the following locations:

**Parkview Regional Medical Center and  
Parkview Ortho Hospital**  
Entrance 3  
11141 Parkview Plaza Drive, Suite 100  
Fort Wayne, IN 46845

**Parkview Hospital Randallia**  
2200 Randallia Drive  
Fort Wayne, IN 46805

**Parkview Bryan Hospital**  
433 W. High Street  
Bryan, OH 43506

**Parkview DeKalb Hospital**  
1316 E. 7th Street  
Auburn, IN 46706

**Parkview Huntington Hospital**  
2001 Stults Road  
Huntington, IN 46750

**Parkview Kosciusko Hospital**  
1355 Mariners Drive  
Warsaw, IN 46582

**Parkview LaGrange Hospital**  
207 North Townline Road  
LaGrange, IN 46761

**Parkview Montpelier Hospital**  
909 E. Snyder Avenue  
Montpelier, OH 43543

**Parkview Noble Hospital**  
401 Sawyer Road  
Kendallville, IN 46755

**Parkview Wabash Hospital**  
10 John Kissinger Drive  
Wabash, IN 46992

**Parkview Whitley Hospital**  
1260 E. State Road 205  
Columbia City, IN 46725

**Parkview Archbold**  
121 Westfield Drive  
Archbold, OH 43502

**Parkview Park Center**  
909 E. State Blvd.  
Fort Wayne, IN 46805

**AMOUNT DUE NOW**  
**\$123,456.78**

Due Date  
**04/30/25**

# STATEMENT OF SERVICES

**GUARANTOR #:**

PATIENT NAME	PLACE OF SERVICE	TYPE OF SERVICE	VISIT DATE	SERVICES DESCRIPTION	CHARGES	PAYMENTS & ADJ.	BALANCE
Any Patient	PARKVIEW DEKALB HOS	Emergency	0/0/0000		00.00	00.00	00.00
				DESCRIPTION PRINTS HERE			
				<b>CURRENT BALANCE</b>		00.00	

**QUESTIONS?**

Go to [mychart.parkview.com](http://mychart.parkview.com) to look up medical records, make payments, and more!

For questions call the Billing Office at: (260) 266-6700 or toll free (855) 814-0012/Mon - Thurs 8:00am - 5:15pm Friday - 7:00am - 4:30pm

<b>HOSPITAL AMOUNT DUE</b>	<b>\$123,456.78</b>
<b>PHYSICIAN AMOUNT DUE</b>	<b>\$0.00</b>
<b>HOME HEALTH AMOUNT DUE</b>	<b>\$0.00</b>
<b>PAYMENT PLAN AMOUNT</b>	<b>\$0.00</b>
<b>AMOUNT DUE NOW</b>	
<b>\$123,456.78</b>	

114216PARK\_BA111HHS

THIS PAGE LEFT INTENTIONALLY BLANK