

Pay Online/Pay as Guest
mychart.parkview.com
 Click Pay as Guest

PAYMENT DUE
\$000.00

Your Account Status

We have billed your insurance and the remaining balance is your responsibility. One or more of your accounts are now past due.

GUARANTOR NAME	GUARANTOR #	STATEMENT DATE	PAYMENT DUE DATE
Joan Sample	00000000	00/00/20	00/00/20

YOUR NEXT STEP

To resolve your past due account, make payment in full or call to set up a payment plan.



PAY YOUR BILL ONLINE OR BY PHONE TODAY!

Go to mychart.parkview.com or call (260) 266-6700 or toll free (855) 814-0012.



SET-UP A PAYMENT PLAN

Please call (260) 266-6700 or toll free (855) 814-0012 to arrange a payment plan agreement to fulfill your outstanding balance. You can also set up payment plans through your MyChart account.



FINANCIAL ASSISTANCE

Parkview Health offers financial assistance to patients whose family income meets eligibility requirements. For more information regarding assistance or to obtain a copy of the Financial Assistance Policy or Financial Assistance Application visit mychart.parkview.com or call (260) 266-6700 or toll free (855) 814-0012.

General Questions

If you have questions about your bill, please call (260) 266-6700 or toll free (855) 814-0012 Mon - Fri 8:00am - 5:15pm



PAY ONLINE 24/7
mychart.parkview.com

Detach this coupon and return with your payment.

IF PAYING BY CREDIT/DEBIT CARD		
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER
CARD NUMBER		EXP DATE
SIGNATURE		
STATEMENT DATE	GUARANTOR #	DUE DATE
00/00/20	00000000	00/00/20
AMOUNT DUE	SHOW AMOUNT PAID HERE	
\$000.00		

PLEASE MAKE CHECKS PAYABLE TO PARKVIEW HEALTH


 JOAN SAMPLE
 123 MAIN STREET
 ANYTOWN, IN 12345-1234

 PARKVIEW HEALTH
 PO BOX 10416
 DES MOINES, IA 50306

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. 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?

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

The Financial Assistance Policy and the Financial Assistance Application are also available by calling the Patient Financial Services 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

11109 Parkview Plaza Drive (Entrance 1)
Fort Wayne, IN 46845

Parkview Hospital Randallia

2200 Randallia Drive
Fort Wayne, IN 46805

Parkview DeKalb Hospital

1316 E. 7th Street
Auburn, IN 46706

Parkview Huntington Hospital

2001 Stults Road
Huntington, IN 46750

Parkview LaGrange Hospital

207 North Townline Road
LaGrange, IN 46761

Parkview Noble Hospital

401 Sawyer Road
Kendallville, IN 46755

Parkview Wabash Hospital

10 John Kissinger Drive
Wabash, IN 46992

Parkview Warsaw

1355 Mariners Drive
Warsaw, IN 46582

Parkview Whitley Hospital

1260 E. State Road 205
Columbia City, IN 46725

Parkview Park Center

909 E. State Blvd.
Fort Wayne, IN 46805

STATEMENT OF SERVICES

GUARANTOR #: 00000000

PATIENT NAME	PLACE OF SERVICE	TYPE OF SERVICE	VISIT DATE	SERVICES DESCRIPTION	CHARGES	PAYMENTS & ADJ.	BALANCE
Physicians Jamie Sample	Parkview Regional Medical Center & Affil	Outpatient	0/0/20	Account # 500001234567891	\$00,000.00	\$-00,000.00	\$0,000.00
			0/0/20	CONTRACTUAL WRITE-OFF - Medicare PAST DUE		-\$0,000.00	\$0,000.00

QUESTIONS?

 Go to www.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 - Fri 8:00am - 5:15pm

HOSPITAL AMOUNT DUE	\$0,000.00
PHYSICIAN AMOUNT DUE	\$0,000.00
HOME HEALTH AMOUNT DUE	\$0,000.00
PAYMENT PLAN AMOUNT	\$0,000.00
AMOUNT DUE NOW	
\$0,000.00	



AMOUNT DUE WITH
 PROMPT PAY DISCOUNT
 IF PAID BY _____
 \$ _____

AMOUNT DUE WITHOUT PROMPT
 PAY DISCOUNT IF PAID AFTER

 \$ _____

Your Account Status >

We have billed your insurance and the remaining balance is your responsibility. One or more of your accounts are now past due.

GUARANTOR NAME	GUARANTOR #	STATEMENT DATE	PAYMENT DUE DATE
Joan Sample	00000000	00/00/20	00/00/20

YOUR NEXT STEP >

Take advantage of the prompt pay discount by making payment in full before the prompt pay due date or call to set up a payment plan or discuss financial assistance.



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Don't miss your chance at a prompt pay discount

please turn over for important information >

Detach this coupon and return with your payment.

IF PAYING BY CREDIT/DEBIT CARD			
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	
CARD NUMBER			EXP DATE
SIGNATURE			
STATEMENT DATE	ACCOUNT #	DUE DATE	IF PAID BY 00/00/17
00/00/20	00000000	00/00/20	\$000.00
AMOUNT DUE		SHOW AMOUNT PAID HERE	
\$000.00			

PLEASE MAKE CHECKS PAYABLE TO PARKVIEW HEALTH



JOAN SAMPLE
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 ANYTOWN, IN 12345-1234

PARKVIEW HEALTH
 PO BOX 10416
 DES MOINES, IA 50306

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Parkview Warsaw

1355 Mariners Drive
Warsaw, IN 46582

Parkview Whitley Hospital

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Columbia City, IN 46725

Parkview Park Center

909 E. State Blvd.
Fort Wayne, IN 46805

STATEMENT OF SERVICES

GUARANTOR #: 00000000

PATIENT NAME	PLACE OF SERVICE	TYPE OF SERVICE	VISIT DATE	SERVICES DESCRIPTION	CHARGES	PAYMENTS & ADJ.	BALANCE
Jamie Sample	Parkview Regional Medical Center & Affil	Outpatient	0/0/20	Account # 500001234567891	\$00,000.00	\$-00,000.00	\$0,000.00
Hospital			0/0/20	IV THERAPY - GENERAL CLASSIFICATI	173.00		
			0/0/20	LABORATORY - CHEMISTRY	108.00		
			0/0/20	LABORATORY - HEMATOLOGY	88.00		
			0/0/20	LABORATORY - BACTERIOLOGY AND	99.00		
			0/0/20	LABORATORY - UROLOGY	117.00		
			0/0/20	RADIOLOGY - DIAGNOSTIC - CHEST X-	698.00		
			0/0/20	EMERGENCY ROOM - GENERAL CLAS	821.00		
			0/0/20	PHARMACY - EXTENSION OF 025X - D	54.09		
			0/0/20	MEDICALLY UNINSURED DISCOUNT		-647.43	
			0/0/20	PROMPT PAY DISCOUNT		-151.07	
				CURRENT BALANCE			1,359.59

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HOSPITAL AMOUNT DUE	\$0,000.00
PHYSICIAN AMOUNT DUE	\$0,000.00
HOME HEALTH AMOUNT DUE	\$0,000.00
PAYMENT PLAN AMOUNT	\$0,000.00
AMOUNT DUE NOW	\$0,000.00

Your Account Status >

One or more of your accounts is now in Final Notice stage. To avoid collection activity, please see your next step below.

GUARANTOR NAME	GUARANTOR #	STATEMENT DATE	PAYMENT DUE DATE
Joan Sample	00000000	00/00/20	00/00/20

YOUR NEXT STEP >

Pay in full or contact us immediately to avoid further collection efforts.



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CARD NUMBER		EXP DATE
SIGNATURE		
STATEMENT DATE	GUARANTOR #	DUE DATE
00/00/20	00000000	00/00/20
AMOUNT DUE	SHOW AMOUNT PAID HERE	
\$000.00		

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Parkview Park Center

909 E. State Blvd.
Fort Wayne, IN 46805

PAYMENT DUE
\$000.00

STATEMENT OF SERVICES

GUARANTOR #: 00000000

[FINAL]
[NOTICE]
 YOUR ACCOUNT MAY BE PLACED WITH A COLLECTION AGENCY AND REPORTED ON YOUR CREDIT REPORT IF WE DO NOT RECEIVE PAYMENT IMMEDIATELY.

Page 3 of 3

PATIENT NAME	PLACE OF SERVICE	TYPE OF SERVICE	VISIT DATE	SERVICES DESCRIPTION	CHARGES	PAYMENTS & ADJ.	BALANCE
Jamie Sample	Parkview Regional Medical Center & Affil	Outpatient	0/0/20	Account # 500001234567891	\$00,000.00	\$-00,000.00	\$0,000.00
Physicians				FINAL NOTICE			\$000.00

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PHYSICIAN AMOUNT DUE	\$0,000.00
HOME HEALTH AMOUNT DUE	\$0,000.00
PAYMENT PLAN AMOUNT	\$0,000.00
AMOUNT DUE NOW	
\$0,000.00	