

UW Medicine
VALLEY
MEDICAL CENTER

400 South 43rd Street
Renton, WA 98055-5010

Save Time! Pay Online.



UW Medicine | Valley Medical Center offers secure online statements and payments to all patients - saving you time and hassle.

<https://mychart.valleymed.org>

☐ Please check box if address is incorrect or insurance information has changed and indicate changes on reverse side

See reverse for payment options

ADDRESSEE

Jane Doe
12345 N.W. Any Street
Anytown, WA 98002

0000000077 0000000000 0000 00000000

GUARANTOR NAME	GUAR ACCOUNT	DUE DATE	AMOUNT DUE
Jane Doe	77	07/24/16	\$1,094.92

PLEASE MAKE CHECKS PAYABLE AND REMIT TO:

Valley Medical Center
P.O. Box 35152
Seattle, WA 98124-5152

Detach the above, and return with your payment.

Guarantor Account	Responsible Party	Statement Date	Due Date
77	Jane Doe	07/04/16	07/24/16

MyChart
VALLEY MEDICAL CENTER

MyChart – Sign up today! A safe way to look at your medical information online. View your health history, ask for an appointment, and send a message to your care team. You can also look at test results, renew your prescriptions, and more.

Your MyChart Code: XXXXX-0XXXX

Sign up at <https://mychart.valleymed.org> and click "Sign up with Activation Code".

Summary of Physician and Hospital Services:

Summary	Charges	Insurance Pmts & Adjs	Patient Pmts & Adjs	Outstanding Balance	Insurance Balance	Patient Amt Due Now
Payment Plan	\$111.00	\$0.00	\$0.00	\$111.00	\$0.00	\$27.75
Professional Services	\$867.17	\$0.00	\$0.00	\$867.17	\$0.00	\$867.17
Hospital Services	\$3,866.85	-\$3,666.85	\$0.00	\$200.00	\$0.00	\$200.00
Totals	\$4,845.02	-\$3,666.85	\$0.00	\$1,178.17	\$0.00	\$1,094.92

Insurance Information

PLAN NAME		SUBSCRIBER NAME	
ASURIS NORTHWEST HEALTH		DOE, JANE	
0-30 Days	31-60 Days	61-90 Days	Over 90 Days
\$1,067.17	\$0.00	\$0.00	\$111.00

For help with billing questions,
please call Customer Service:

(425) 656-5412

Office Hours: M-F, 8:00am - 5:00pm

Payment Options

Pay Online

- <https://mychart.valleymed.org>

Pay by Credit Card

- Complete information on the backside of your payment stub

Pay by Check

- Make check payable to Valley Medical Center and include your account number

**PAY
THIS
AMOUNT**

\$1,094.92

If Paying By Credit Card, Fill Out Below

☐ VISA ☐ Mastercard

CARD NUMBER	EXP DATE (MM/YY)
SIGNATURE	SECURITY CODE
PRINT NAME	AMOUNT PAID

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 #: Policyholders D.O.B.

Do We Have Your Correct Information?

Change of Address

Email

Name (Last, First, Middle Initial)

Address

City State Zip Telephone

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 # Policyholders D.O.B.

General Information

This statement is for hospital and professional services offered by Valley Medical Center and our providers. You may also receive statements from a pathology laboratory, anesthesia provider, Durable Medical Equipment provider or Radiology group. If you have questions regarding charges from other providers please contact them at the number that appears on their statements.

Financial Policy

Balances not paid by your insurance are due within 21 days of the statement date. If you are unable to make payment in full, please contact our Customer Service department at (425) 251-5178 as soon as you receive this statement to set up payment arrangements.

If your account remains unpaid, it will be placed with a collection agency for the collection of your debt and reported to a credit reporting agency. Valley Medical Center reserves the right to suspend patient care if your account is not in good financial standing.

Payment Plan Options

Short term interest free payment plans are available to patients who have the ability to pay their account balance.

Please note that new balances are not automatically added to existing payment arrangements. Contact Customer Service to add any new balances.

Valley Dividend Program

If you are a homeowner within Public Hospital District #1 of King County, please call (425) 251-5178, #3.

Insurance Claims

As a courtesy, Valley Medical Center files claims directly to your insurance company. Please be sure to present your current insurance card at each visit to ensure we have accurate information on your account. It is your responsibility to verify your benefits and provider and facility network coverage. If you have questions about how your insurance benefits were determined please contact your insurance company directly at the number on the back of your card.

Bill Payment

VMC is pleased to provide you the ability to pay with Visa, Mastercard and Amex. You may pay your bill online with a credit card at <https://mychart.valleymed.org>, or by check or credit card using the attached coupon and enclosed envelope. You can also pay by credit card at any Valley Medical Center location.

Discount Options

You may be eligible for a prompt-pay discount if your payment is received within 30 days from the original statement date.

Patient Financial Assistance Program

If you need help paying your bill, whether or not you have insurance, please visit our website at: <http://www.valleymed.org/Patients-and-Visitors/Billing-And-Financial-Assistance/Financial-Assistance/>, or by contacting our Customer Service Representative at (425) 251-5178.

Customer Service

If you have questions regarding your account, please contact one of our Customer Service Representatives at (425) 251-5178 from 8am to 5pm, Monday through Friday.

Accounts on Payment Plan:

Description	Charges	Payments/ Adjustments	Insurance Balance	Patient Balance
Visit Account Number: 000000000	\$111.00	\$0.00	\$0.00	\$111.00
Service Date: 6/11/2014-6/11/2014				
Last patient payment date:	Account Status: CURRENT			
				Remaining Balance: \$111.00
				Current Amount Due: \$27.75

Professional Accounts

Date of Service	Description	Charges	Payments/ Adjustments	Insurance Balance	Patient Balance
Visit Account Number: 000000000 - Jane Doe					
Physician: Robert E Molina, MD					
Location: VALLEY PROFESSIONAL CENTER NORTH					
Account Status: NEW					
05/08/14	THERAPEUTIC INJECTIONS	\$43.00			
05/08/14	THERAPEUTIC INJECTIONS	\$269.42			
05/08/14	THERAPEUTIC INJECTIONS	\$554.75			
	Totals	\$867.17	\$0.00	\$0.00	\$867.17
Professional Services Totals		\$867.17	\$0.00	\$0.00	\$867.17

Hospital Accounts

Date of Service	Description	Charges	Payments/ Adjustments	Insurance Balance	Patient Balance
Visit Account Number: 000000000 - Jane Doe					
Service Dates: 06/10/13 - 06/04/14					
Location: VALLEY MEDICAL CENTER HOSPITAL					
Account Status: NEW					
	ROOM & BOARD - SEMI-PRIVATE TWO BED (MEDICAL OR GENERAL) - GENERAL CLASSIFICATION	\$3,374.00			
	PHARMACY - GENERAL CLASSIFICATION	\$492.85			
07/01/16	REGENCE INSURANCE PAYMENT		-\$2,000.00		
07/01/16	REGENCE Adjustments		-\$1,666.85		
	Totals	\$3,866.85	-\$3,666.85	\$0.00	\$200.00
Hospital Services Totals		\$3,866.85	-\$3,666.85	\$0.00	\$200.00

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- 1 Guarantor – Name and address of the person that is financially responsible for the bill
- 2 On-line Bill Pay - Web-site for making on-line payments
- 3 Guarantor Name / Responsible Party– Name of the person that is financially responsible for the bill
- 4 Guarantor Account Number – This number represents a specific identification number for this guarantor. A different patient account number will be assigned for each visit
- 5 Due Date – Date Payment is expected
- 6 Amount Due – This is the amount of payment due on this Guarantor account for this billing period including accounts on payment plans, physician and hospital services.
- 7 Remittance Address - The address where payment should be mailed. Please detach the top portion of the statement with your payment to ensure proper credit to your account.
- 8 Statement Date – Date your statement was created. Any payments posted after this date will not be reflected in the Open Account Balance
- 9 MyChart is a helpful tool that allows you to connect with your doctor and manage your health information online, anytime.
- 10 Summary of Payment Plan accounts, Physician and Hospital Services
- 11 Insurance Information – The insurance plan(s) listed in our system for this visit.
- 12 Aging for outstanding balances
- 13 Contact Us – This is the phone number of our Patient Financial Services Customer Service department. Please refer to the Guarantor account number on your statement when calling.
- 14 Payment Options – Options for making payments on account balances

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- 15 Credit Card Information - If you are paying your balance by credit or debit, card, Please indicate your card information in these fields
- 16 Change of Health Insurance Information – To correct your insurance information, please complete this portion of the statement so we may update your account in our system.
- 17 General Information - This area contains information regarding our billing practices.
- 18 Change of Address Information – To correct your e-mail and/or address information, please complete this portion of the statement so we may update your account in our system

Page 3 of Statement

- 19 This page of the statement will provide the detail for the Amount Due / Pay This Amount for this statement. The patient name, payments/adjustments and any remaining balance(s) is listed for each account.
 - A Accounts on Payment Plan – This will be a list of accounts that are currently included in an established payment plan.
 - B Professional Services Account Detail – This field will list all professional services received by the Guarantor or additional patients assigned to this guarantor in the Valley Medical Center Clinic Network. On this statement
 - C Hospital Services Account Detail - This field will list all hospital services received by the Guarantor or additional patients assigned to this guarantor at Valley Medical Center.