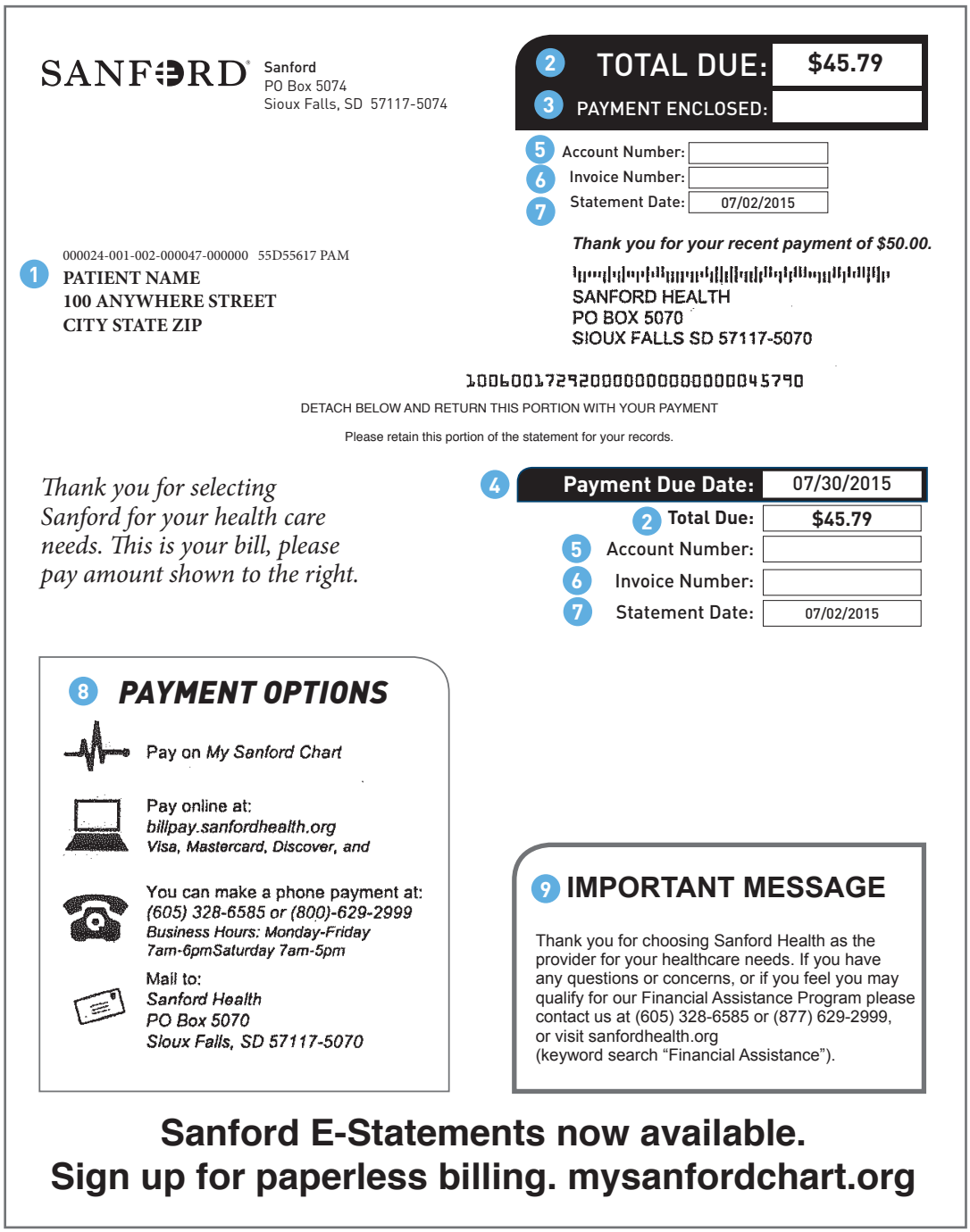
SANFORD

Welcome to your new Sanford Enterprise Patient Billing Statement

Based upon patient input and feedback, Sanford has simplified and redesigned your billing statement to make it easier to read. Many patients have stated they simply want to know what they owe Sanford Health for their services received or a summary view. Other patients have expressed an interest in seeing the detail of their visits. We are pleased to provide you with both options. Below is an outline of the newly designed cover page.



SANFORD Sanford
PO Box 5074
Sioux Falls, SD 57117-5074

2 TOTAL DUE: $45.79
3 PAYMENT ENCLOSED:

5 Account Number:
6 Invoice Number:
7 Statement Date: 07/02/2015

Thank you for your recent payment of $50.00.

000024-001-002-000047-000000 55D55617 PAM
1 PATIENT NAME
100 ANYWHERE STREET
CITY STATE ZIP

SANFORD HEALTH
PO BOX 5070
SIOUX FALLS SD 57117-5070

1006001729200000000000000045790

DETACH BELOW AND RETURN THIS PORTION WITH YOUR PAYMENT

Please retain this portion of the statement for your records.

Thank you for selecting Sanford for your health care needs. This is your bill, please pay amount shown to the right.

4 Payment Due Date: 07/30/2015
2 Total Due: $45.79
5 Account Number:
6 Invoice Number:
7 Statement Date: 07/02/2015

8 **PAYMENT OPTIONS**

Pay on *My Sanford Chart*

Pay online at:
billpay.sanfordhealth.org
Visa, Mastercard, Discover, and

You can make a phone payment at:
(605) 328-6585 or (800)-629-2999
Business Hours: Monday-Friday 7am-6pmSaturday 7am-5pm

Mail to:
Sanford Health
PO Box 5070
Sioux Falls, SD 57117-5070

9 **IMPORTANT MESSAGE**

Thank you for choosing Sanford Health as the provider for your healthcare needs. If you have any questions or concerns, or if you feel you may qualify for our Financial Assistance Program please contact us at (605) 328-6585 or (877) 629-2999, or visit sanfordhealth.org (keyword search "Financial Assistance").

Sanford E-Statements now available.
Sign up for paperless billing. mysanfordchart.org

Cover Page

1. Guarantor or person responsible for the bill.
2. Amount you owe.
3. Amount you are paying.
4. Date payment is due to Sanford. (If PAST DUE is displayed, due date is immediately.)
5. Account number included on all correspondence.
6. Number unique to this billing statement.
7. Statement print date.
8. Service Area number required for online payments.
8. Listing of payment options available to you.
9. Important notice specific to your account.

Thank you for choosing Sanford Health. If at any time you have questions regarding your Sanford Health billing statement, please contact our office at (877) 629-2999 or (800) 263-2237. Our Customer Service staff is ready to assist you.

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