

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

2	TOTAL DUE:		\$45.79
3	PAYMENT ENCLOSED:		
5	Account Number:	<input type="text"/>	SA: <input type="text" value="10"/>
6	Invoice Number:	<input type="text"/>	SA# needed for paying on-line
7	Statement Date:	<input type="text" value="07/02/2015"/>	8

SANFORD HEALTH
PO BOX 5070
SIOUX FALLS SD 57117-5070

10060017292000000000000000045790

DETACH BELOW AND RETURN THIS PORTION WITH YOUR PAYMENT

Please retain this portion of the statement for your records.

000024-001-002-000047-000000 55D55617 PAM

1 **PATIENT NAME**
100 ANYWHERE STREET
CITY STATE ZIP

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

9 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-6pm Saturday 7am-5pm



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

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

Balances that are not paid in full or on an agreed upon payment will be assessed a periodic late fee of 0.5 percent (6 percent ANNUALLY). To avoid the periodic late fee, please take action by the due date.

10 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").

- 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.
- 9 Listing of payment options available to you.
- 10 Important notice specific to your account.

Schedule your next appointment online. Anytime.
mysanfordchart.org

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.