

**TOTAL PAYMENT DUE****\$000.00** ①

PATIENT NAME	ACCOUNT # ②	SERVICE DATE(S) ③	DUE DATE ④
Paula Patient	1234567	00/00/00 - 00/00/00	00/00/00

Thank you for choosing Baylor Scott & White Health for your care. Your insurance has processed your claim for this account. Our records indicate the remaining balance is your responsibility. Listed below are the payment options that we offer. ⑤

**PAYMENT  
OPTIONS**

You may pay your bill in full with a check, credit card, or debit card: ⑥

- Pay online at [www.BaylorHealth.com/PayMyBill](http://www.BaylorHealth.com/PayMyBill)
- Mail the payment using the slip below
- Pay-by-Phone 1-800-725-0024 (available 24/7)

**PAYMENT  
PLAN**

If you are unable to pay your bill in full, please call Customer Service at 1-800-725-0024 to set up an interest-free payment arrangement. ⑦

**FINANCIAL  
ASSISTANCE**

If you are unable to pay your balance, you may be eligible for financial assistance. Please call Customer Service at 1-800-725-0024. Please visit our website: <http://www.BaylorHealth.com/CharityCare> ⑧

**ACCOUNT  
SUMMARY**

Total Billed Charges	\$0.00	⑨
Total Payments	\$0.00	⑩
Total Adjustments	\$0.00	⑪
Total Account Balance	\$0.00	⑫

You may receive bills from other providers. Please call their offices directly for payment options. ⑬

Review your medical record & more with Baylor Scott & White Health's FollowMyHealth ⑭

Go to: [www.BaylorHealth.com/FollowMyHealth](http://www.BaylorHealth.com/FollowMyHealth)

Primary Insurance ⑮  
Insurance Name: XXXXX  
Group/Plan: XXXXX  
ID Number: 1234567

**QUESTIONS?**

Call Customer Service at 1-800-725-0024  
Monday through Friday  
8:00AM - 11:30AM, 12:30PM - 5:00PM

Detach this slip and return with your payment.



Baylor All Saints Medical Center ⑯  
1400 Eighth Avenue  
Fort Worth, TX 76104

Services rendered at: Baylor All Saints Medical Center  
1400 Eighth Avenue, Fort Worth, TX 76104

Pay online at [www.BaylorHealth.com/PayMyBill](http://www.BaylorHealth.com/PayMyBill)

**IF PAYING BY CREDIT/DEBIT CARD ⑰**

☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS ☐ DISCOVER

CARD NUMBER SECURITY CODE EXP DATE

SIGNATURE

STATEMENT DATE ACCOUNT # DUE DATE

00/00/00 1234567 00/00/00

AMOUNT DUE SHOW AMOUNT PAID HERE

**\$000.00**

PLEASE MAKE CHECKS PAYABLE TO: ⑱  
BAYLOR ALL SAINTS MEDICAL CENTER

Baylor All Saints Medical Center ⑲  
P.O. Box 848108  
Dallas, TX 75284-8108



The bill you receive from Baylor Scott & White Health (BSWH) is for hospital charges only. You may receive separate billing statements for professional charges from doctors or other providers that assisted in your care. If you have questions about these bills, please call the number listed on the billing statement.

- Total Payment Due:** Amount you are responsible for as of the statement date. This amount takes consideration payments received by you and/or your insurance company and any adjustments or discounts BSWH has applied to your account.
- Account #:** Account number is used for billing purposes. Please note that this is not your medical record number.
- Service Date(s):** The date(s) services were rendered.
- Due Date:** Date your payment must be received by BSWH.
- Statement Message Field:** Contains important information regarding your bill. Please note BSWH will send a minimum of three post-discharge billing statements over a 120 day period. If the account has not been resolved or a payment plan has not been established, your account may be placed with a collection agency and potentially reported to a credit agency no earlier than 30 days before the date of the final statement.
- Payment Options:** Pay online, by phone, by mail, or use your smartphone's camera and Quick Response (QR) code reader application to scan and launch BSWH's "Pay Your Hospital Bill" web page.
- Payment Plan:** BSWH offers extended, interest-free payment plans and options to help minimize the impact of your healthcare bill.
- Financial Assistance:** BSWH representatives can discuss financial assistance programs that may be available to you.

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Primary Insurance ⑮  
Insurance Name: XXXXX  
Group/Plan: XXXXX  
ID Number: 1234567

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Fort Worth, TX 76104

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IF PAYING BY CREDIT/DEBIT CARD ⑰		
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMERICAN EXPRESS
<input type="checkbox"/> DISCOVER		
CARD NUMBER	SECURITY CODE	EXP DATE
SIGNATURE		
STATEMENT DATE	ACCOUNT #	DUE DATE
00/00/00	1234567	00/00/00
AMOUNT DUE	SHOW AMOUNT PAID HERE	
\$000.00		

PLEASE MAKE CHECKS PAYABLE TO: ⑱  
BAYLOR ALL SAINTS MEDICAL CENTER

Baylor All Saints Medical Center ⑲  
P.O. Box 848108  
Dallas, TX 75284-8108

- 9. Total Billed Charges:** Total charges for services you received before BSWH applied any payments and/or adjustments.
- 10. Total Payments:** Reflects total payments received from you and/or your insurance company that have been applied to your account.
- 11. Total Adjustments:** Reflects total adjustments and discounts that have been applied to your account.
- 12. Total Account Balance:** Amount due by you.
- 13. Hospital Bill:** Your hospital bill represents hospital charges only. You may receive separate statements for services provided by your physician, surgeon, radiologist, anesthesiologist, emergency room physician, or other providers.
- 14. FollowMyHealth:** Access your lab results, most radiology test results, immunizations, and more through a secure portal. This is a free service offered to our patients.
- 15. Insurance Information:** Most current primary insurance information on file with BSWH at time of statement. If this is not correct, please contact us at **1-800-725-0024**.
- 16. Services Rendered – Hospital Facility:** The name and physical address of the facility where you received your services. Please note this is not the mailing address to send your payment.
- 17. Pay by credit/debit card:** If paying by credit/debit card, all data fields in this section should be completed and mailed to the address in Section #19.
- 18. Payments by Check:** If paying by check, please make your checks payable to this facility.
- 19. Payable Mailing Address:** Please be sure to detach slip and mail your payment to this address.

PAULA PATIENT  
123 MAIN STREET  
ANYTOWN, PA 12345-1234

