

Understanding Your Bill

Bill Title lets you know whether the bill is a normal billing statement or a payment plan notice.

Bill Summary provides an overview of the statement's contents, including account information.

For an itemized list of charges, flip the bill over.

Perforated Check Stub makes mailing in check payments simple! Include this stub in the envelope with your check.



Southeast Iowa Regional MEDICAL CENTER
1221 S. GEAR AVE., WEST BURLINGTON, IA 52655-1679
RETURN SERVICE REQUESTED

Hospital Billing Statement

John Smith
123 Main Street, Apt 3
Nowhere, GA 12345-6789

Bill Summary See following page(s) for itemized charges

Guarantor Name:	John Smith
Account Number:	17345
Statement Date:	12/09/2021




Total Charges:	\$300.00
Adjustments:	\$0.00
Insurance Payments:	\$0.00
Patient Payments:	\$0.00
Amount Due:	\$300.00

Important Message
Please submit payment in full or contact our Patient Billing office at 319-768-3625, option 2, to discuss payment options. Please refer to our Patient Balance policy at www.greatriverhealth.org under Patients & Visitors / Billing & Financial Services for additional information.

DUE BY 01/08/2022

\$300.00

Your personalized payment plan offer: \$60.00
See reverse side for details per month

Ways To Pay    

Pay Online
Visit: www.greatriverwallet.com
Enter SecureHealthCode: **PCO-PCO-PCO**

Pay by Phone
Call: **888-325-6970**
Enter SecureHealthCode: **123-456-789**

Pay by Mail
Complete the form below and return in the enclosed envelope. Make check payable to **Southeast Iowa Regional Medical Center**

Payment Options

Learn more about the following options on the back of this page, or visit www.greatriverwallet.com

- CareCredit (visit carecreditpay.com)
- Two River Medical Loan (call for info)
- Financial Assistance

Have Questions?

Call: **319-768-3625 option 2**
Hours: Monday - Friday 8:00am - 4:30pm.

Flip Page →

✂ *Paying With Check? Detach and return lower portion with payment*

Thank you for choosing Southeast Iowa Regional Medical Center for your healthcare needs.

<p>Name: John Smith Account Number: 17345 Secure Health Code: PCO-PCO-PCO</p> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center; font-weight: bold;">Amount Due: \$300.00</div> <p>Payment Included \$ <input style="width: 100px;" type="text"/></p>	<p style="font-size: 10px;">Send check to our lockbox below:</p> <p>SOUTHEAST IOWA REGIONAL MEDICAL CENTER PO BOX 650549 DALLAS, TX 75265-0549</p>
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Amount Due shows your total patient responsibility for this statement and when it is due.

Ways to Pay lists your payment options. You can pay online at www.greatriverwallet.com, pay over the phone 24/7 by calling 888-325-6970 and following the prompts, or pay via mail by following the instructions provided.

Questions regarding your bill can be answered by calling 319-768-3625.