



825 N Center Ave
Gaylord, MI 49735

TEMP-RETURN SERVICE REQUESTED

Mailing Address:

825 N Center Ave
Gaylord, MI 49735

SAMPLE SAMPLE
1267 BARRY ST.
GAYLORD, MI 49735

Account Summary

Statement Date	03/31/2022
Guarantor Name	SAMPLE SAMPLE
Account Number	V12312312312
Amount You Now Owe	\$28.00

Please see reverse side for details related to your services

Need Financial Assistance?
Please see reverse side for more details.

Your Balance Is Now Due.

Thank you for choosing Otsego Memorial Hospital. The balance on your account is your responsibility. Please send your payment in full for this amount.



Please Pay This Amount

\$28.00

Please detach and return with your payment.



To pay by credit card via U.S. Mail:



Card Holder Name _____

Card Number _____

Exp Date _____ Card Zip Code _____

Signature X _____

Did you select the amount you are paying?

Manage Your Account Online



Go to otsego.myonplanhealth.com to create an account and enter your Access Code

Access Code: SK-7XQD-FKHT-FH

Contact Us:

If you would like to speak to a customer service representative, call (844) 467-5545, 8:00 AM - 5:00 PM, Monday - Friday. You can also email us at mhc-omhptaccts@mhc.net. **Please include your guarantor # or account # when emailing.**

Guarantor Name	Account Number	Due Date
SAMPLE SAMPLE	V12312312312	4/25/2022

Please Pay This Amount \$28.00

To Pay by Mail

- ✓ Include your account number on your check
- ✓ Make checks payable and remit to:

Munson Healthcare Otsego Memorial Hospital
825 N Center Ave
Gaylord, MI 49735

General Information

Munson Healthcare continually strives to contain costs, while maintaining our commitment to excellence in medical care, by ensuring that every appropriate effort is made to collect money owed to the hospital for services provided.

If You Have Insurance

Munson Healthcare will send your bill directly to your insurance provider. The hospital will send a statement that describes your current account status, including insurance payments received and your balance due. If you have a balance due, payment is expected upon receipt of your bill.

Billing Information

The hospital provides a summary statement for most accounts. At the patient's request, a detailed statement may be provided. The hospital will send periodic statements to the patient or responsible party in an effort to keep them informed of unpaid balances, including all applicable co-payments, co-insurance, deductibles and any non-covered services that are the responsibility of the patient and must be paid upon receipt of your bill. Payment may be made via cash, Visa, MasterCard, Discover Card, American Express, personal checks or money orders.

The Affordable Care Act

The Affordable Care Act brings new options for health insurance to you and your family. These options include Michigan's expanded Medicaid program, called "Healthy Michigan" or individual and family insurance plans available for purchase on the federal Health insurance Marketplace. You may qualify for subsidies and tax credits that can help lower the cost of purchasing insurance through the Marketplace. Please visit www.healthcare.gov for more information.

Financial Assistance Program

Munson Healthcare complies with Public Act 107 of 2013 and 501 (r) defined by the IRS, by offering a Financial Assistance Program. Munson Healthcare has several financial assistance programs if you need assistance with your medical expenses. Please contact the Financial Assistance Department at 231-935-2350 to see if you qualify for one of these programs. To view our Financial Assistance Policy or Application please visit: www.munsonhealthcare.org/financialhelp

Contact Information Regarding Your Bill

If you have questions regarding your account, please contact a Customer Service Representative Monday through Friday from 8:00 AM - 5:00 PM, Toll Free (844) 467-5545 or email us at mhc-omh-ptacct@mhc.net, please include your guarantor or account number when emailing.

Professional Services

In addition to your hospital bill, you might receive bills related to the professional service provided. These bills are completely separate from any hospital bill.

Accounts With A Balance Due

Patient Name	Account Number	Service Date(s)	Service Type	Patient Balance
Total Charges	Insurance Pmts/Adj	Patient Pmts/Adj	Insurance Pmt Pending	
Patientfirst Patientlast \$4,625.35	V12312312312 \$0.00 Insurance: None on file	03/31/2022 \$4,614.35	Test Location \$0.00	\$11.00
Patientfirst Patientlast \$4,625.35	V12312312313 \$0.00 Insurance: None on file	03/31/2022 \$4,624.35	Test Location \$0.00	\$1.00

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Patient Updates

Street Address		
City	State	Zip
Preferred Telephone #		
Email Address		

1234567893	\$11.00
1234567890	\$1.00
1234567891	\$14.00
1234567892	\$2.00

Insurance Updates

Insurance Name	Effective Date
Claim Address	
City	State Zip
Telephone	
Subscriber Name	Employer Name
Policy Number	Group Number
If you have additional changes, please contact a Customer Service Representative.	

Current Address: 1234 Main St.
CITY, STATE 12345

Accounts With A Balance Due

Patient Name	Account Number	Service Date(s)	Service Type	Patient Balance
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