



Guía para entender el estado de cuenta de St. Luke's


St. Luke's Health System se complace en presentar la facturación electrónica disponible en St. Luke's MyChart a partir del 1 de octubre de 2024.

Al hacer esta transición, St. Luke's eligió que todos los pacientes participen en la facturación electrónica para tener una comunicación más segura.

El enlace URL y el código QR para pagar su factura en línea han cambiado a mychart.slhs.org

Leyenda:

- ① Mensajes importantes específicos para usted.
- ② Opciones de pago e información de contacto de Patient Financial Services (Servicios Financieros para los Pacientes).
- ③ Código QR para ir a mychart.slhs.org
- ④ Identificador exclusivo del garante o de la persona responsable del saldo pendiente de pagar.
- ⑤ Cantidad total de saldos adeudados.
- ⑥ Cupón de información para enviar el pago.
- ⑦ Resumen del estado de cuenta que muestra una tabla de saldos adeudados.
- ⑧ Resumen y estado del plan de pagos.
- ⑨ Información detallada de la cuenta, incluidos:
 - Número de cuenta
 - Nombre del profesional médico
 - Lugar donde se llevó a cabo la visita
 - Información sobre la cobertura de la seguro
 - Detalles de la cuenta



THIS IS A BILL
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Statement Date: 10/01/2024
Guarantor ID: 123456
Guarantor: John Q. Sample
Guarantor Phone #: 208-123-1234
Patient: John Q. Sample

⑦ **STATEMENT SUMMARY**
This is a summary table of all balances owed.

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Due
Payment Plan	\$247.00	\$0.00	\$0.00	\$247.00	\$49.40
New Balance	\$217.00	\$0.00	\$0.00	\$217.00	\$217.00
Totals	\$464.00	\$0.00	\$0.00	\$464.00	\$266.40

PAYMENT PLAN
Thank you for establishing a payment plan on the account(s) below.

⑧ **Auto Pay**

Monthly payment: \$49.40
Remaining balance: \$247.00
Number of payments left: 5
Payment plan due: \$49.40
Payment scheduled for 10/05/2024 (Checking x1111): -\$49.40

⚠️ You have accounts not on your payment plan.

Starting 10/01, use the QR code to pay or update your payment plan via MyChart.

Outstanding Accounts on Payment Plan


Account #	Description	Patient Balance
401234567	Service Date: 05/16/24 St. Luke's Clinic - Idaho Family Physicians	\$197.00
412345678	Service Date: 05/16/24 St. Luke's Clinic - Idaho Family Physicians	\$50.00

NEW BALANCE
Please remit payment in full or contact Patient Financial Services to discuss payment arrangements. ⑨

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
09/14/2024	Office/Outpatient Established Mod Mdm 30 Min	\$217.00			\$217.00
Totals		\$217.00			\$217.00
Totals for New Balance					\$217.00

Current Balance Due by 10/30/2024 **\$266.40**

YOUR INSURANCE COVERAGE
Insurance has been billed for your visit(s) and has been added to eligible accounts as reflected in account details. Subscriber IDs may be partially redacted in order to protect sensitive information. Please consult your insurance carrier to review claims and explanation of benefits. Contact us to provide or update insurance information for previous visits.



THIS IS A BILL
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Statement Date: 10/01/2024
Guarantor ID: 123456
Guarantor: John Q. Sample
Guarantor Phone #: 208-123-1234
Patient: John Q. Sample

John Q. Sample
123 MAIN ST
BOISE ID 83705

① **Important Message**
St. Luke's may be required to split the cost of a visit into two portions, the provider service fee is one unique account and the facility fee is another unique account. This may result in multiple account numbers for the same date of service. These accounts may be reflected on separate statements.

② **Payment Options**

- ③ **Pay Online** - mychart.slhs.org
- ④ **Pay by Phone** - Patient Financial Services (208) 706-5734 or (844) 234-4404
- ⑤ **Pay by Mail**
Complete the coupon below and return in the enclosed envelope.

Interested in a Payment Plan Over 12 Months?
Sign up at www.myaccessone.com/slhs/online

- Affordable payment plan options
- Easy to enroll, everyone is accepted

③ Scan QR code to go to mychart.slhs.org

④ **Summary**

Guarantor: John Q. Sample Guarantor ID: 123456	
Account Balance Amount Due	\$217.00
Payment Plan Amount Due	\$49.40
Current Balance Due by 10/30/2024	\$266.40

⑤ **Summary**

Guarantor: John Q. Sample
Guarantor ID: 123456

Account Balance Amount Due: \$217.00
Payment Plan Amount Due: \$49.40

Current Balance Due by 10/30/2024 **\$266.40**

⑥ **PAYMENT COUPON**

Detach coupon and return with your payment. Include the Guarantor ID on the memo line of your check.

Make checks payable to: ST. LUKE'S HEALTH SYSTEM

St. Luke's logo PO BOX 2578 BOISE, ID 83701-2578

Cardholder Name: _____ Zip Code: _____
Card Number: _____ Exp Date: _____ CSV Code: _____

Signature: _____

Notice Date	Guarantor Acct. #	Total Due This Payment
10/01/2024	123456	\$266.40
Payment Due By 10/30/2024	AMOUNT PAID HERE \$	

Check box if your address or insurance has recently changed and complete the form on the back of this coupon.

John Q. Sample
123 MAIN ST
BOISE ID 83705

ST. LUKE'S HEALTH SYSTEM
PO BOX 2578
BOISE, ID 83701-2578