



Guide to Your St. Luke's Statement


St. Luke's Health System is excited to introduce paperless billing in St. Luke's MyChart beginning Oct. 1, 2024.

With this transition, St. Luke's has opted all patients into paperless billing for a more secure communication.

The URL and QR code links to pay your bill online are changing to mychart.slhs.org

Legend:

- ① Important messages tailored to you.
- ② Payment options and Patient Financial Services contact information.
- ③ QR code for mychart.slhs.org
- ④ A unique identifier of the Guarantor (responsible party) for the balance due.
- ⑤ Total balances owed.
- ⑥ Payment coupon for payment remittance.
- ⑦ Statement summary showing a table of balances owed.
- ⑧ Payment Plan Summary and status.
- ⑨ Detailed account information including:
 - Account Number
 - Provider Name
 - Visit Location
 - Insurance Coverage Information
 - Account Details



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**



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

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.

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.

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.



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② **Payment Options**

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

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.

③ **Interested in a Payment Plan Over 12 Months?**
Sign up at www.myaccessone.com/stlukesonline

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





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 **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

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 \$ _____

⑥ **PAYMENT COUPON**

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