

# UNDERSTANDING YOUR BILL

- 1) **Patient Name**, which may be different than the guarantor's name.
- 2) A **Guarantor Number** is permanently assigned to each guarantor.
- 3) **Guarantor** is the person responsible for paying the bill. This can be the patient or the patient's parents or guardian.
- 4) Each visit is assigned a separate **Patient Account Number**.
- 5) **Statement Date** refers to when the statement was mailed.
- 6) **Due Date** is when this bill needs to be paid.
- 7) **Dates of Service** is when the patient received the services that are being billed. This may include pre-admission testing.
- 8) **Service Location** is where the patient received the services that are being billed.
- 9) **Amount Due** is the total amount due for the services listed on the bill.
- 10) **Amount Paid** refers to the amount you are going to pay towards this statement.

**Oroville Hospital**  
2767 Olive Highway  
Oroville, CA 95966-8185

**HOSPITAL STATEMENT**

For help with billing questions, please call:  
(530) 538-8737  
Office Hours: Monday - Friday 8:00am - 4:30pm

JON Q DOE  
1234 MAIN ST  
ALBERT LEA, USA 56007

OROVILLE HOSPITAL  
2767 OLIVE HIGHWAY  
OROVILLE, CA 95966-8185

Pay Online: [www.OrovilleHospital.com/billpay](http://www.OrovilleHospital.com/billpay)

Guarantor Number	Due Date	Amount Due	Amount Paid
7891234	Upon Receipt	\$1,182.74	

Please make checks payable and remit to:  
OROVILLE HOSPITAL  
2767 OLIVE HIGHWAY  
OROVILLE, CA 95966-8185

Check if address changes are on back  
myEasyMatch Code: 000000-GHIJKL

Guarantor Number	Guarantor Name	Statement Date	Due Date
7891234	Jon Q. Doe	08/14/2013	Upon Receipt

Date	Hospital Service Description	Charges	Payments/Adjustments	Patient Balance
03/15/2013	Patient: Doe, Jon Patient Account #: 1234567 Previous Balance Clinic: Outpatient FINAL NOTICE: THIS ACCOUNT IS PAST DUE, UNLESS PAYMENT IS RECEIVED WITHIN 10 DAYS THIS ACCOUNT MAY BE REFERRED TO A COLLECTION AGENCY.	\$190.08		\$190.08
03/15/2013	Patient: Doe, Jane Patient Account #: 2345678 Previous Balance Clinic: Vaughn Smith Practice FINAL NOTICE: THIS ACCOUNT IS PAST DUE, UNLESS PAYMENT IS RECEIVED WITHIN 10 DAYS THIS ACCOUNT MAY BE REFERRED TO A COLLECTION AGENCY.	\$110.70		\$110.70
04/18/2013	Patient: Doe, Jane Patient Account #: 3456789 Previous Balance Clinic: Outpatient FINAL NOTICE: THIS ACCOUNT IS PAST DUE, UNLESS PAYMENT IS RECEIVED WITHIN 10 DAYS THIS ACCOUNT MAY BE REFERRED TO A COLLECTION AGENCY.	\$141.99		\$141.99

Pay Online: [www.OrovilleHospital.com/billpay](http://www.OrovilleHospital.com/billpay)

Total Charges: \$1,182.74  
Total Payments/Adjustments: \$0.00

**AMOUNT DUE: \$1,182.74**