



# Your UCHealth Hospital Statement

Thank you for choosing us for your medical needs.  
We have billed your insurance carrier(s).

Pay Online at  
[billpay.uchealth.org](http://billpay.uchealth.org)

The balance on this statement is your responsibility.  
Please pay your balance in full or contact Customer  
Service at **1.866.429.6045**.

ACCOUNT SUMMARY		ACCOUNT #: 105197467	
Guarantor Name:	Two Selfpay	Previous Balance:	\$ 4,100.25
Statement Date:	8/22/2018	Payment/Adjustments Since 08/22/2018:	- \$ 0.00 <i>Thank you!</i>
Statement Due Date:	9/21/2018	Payment Plan Amount Due:	\$ 363.35
Last Payment Received:		New Activity:	+ \$ 0.00
		New Balance Due:	\$ 1,556.86

## PAYMENT PLAN SUMMARY:

Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
6000103375 TWO SELFPAY (06/21/18)	\$5,813.48	\$0.00	\$2,906.74	\$2,906.74

Monthly Due:

**PATIENT: TWO SELFPAY** ← **Patient Name**

Amount may be sent to a collection agency if not paid within 30 days: \$1,193.51

ACCT NUMBER: 6000103718 ← **Unique number assigned for each visit** **Anschutz Medical Campus**

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
07/10/18	Previous Charges	\$2,652.24			

Days 0-30	Days 31-60	Days 61-90	Days 91-120
\$0.00	\$0.00	\$0.00	\$1,193.51

← **Age of balance in patient responsibility**      ← **Balance due**

**Total Balance Due \$1,556.86**

## CONTACT US

Pay your bill easily and securely online, by mail or call our  
Customer Service Representatives at **1.866.429.6045**

Pay Online at  
[billpay.uchealth.org](http://billpay.uchealth.org)

Phone Hours: 8 a.m. - 5 p.m. M-F (MST)

← **Call this number if you have questions regarding your bill**

*See back of statement for more information.*



PO Box 732144 • Dallas, TX 75373-2144

### ADDRESS SERVICE REQUESTED

Please check box if address is incorrect or insurance information  
has changed and indicate change(s) on reverse side.

IF PAYING BY CREDIT CARD, PLEASE FILL OUT BELOW		
		AMOUNT PAYING \$
		CODE *
CARD NUMBER	SIGNATURE	
SIGNATURE	EXP DATE	
STATEMENT DATE 8/22/2018	PAY THIS AMOUNT \$1,556.86	ACCOUNT # 105197467

\*The code is the 3-digit code found on the back or the 4-digit code on the front if using an Amex card

Two Selfpay  
321 Peoria St.  
AURORA, CO 80015

### MAKE CHECK PAYABLE AND REMIT TO:

Business Services - Patient Accounting  
P.O. Box 732144  
Dallas, TX 75373-2144



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Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
	Patient Adjustments Balance Due			\$1,458.73	\$1,193.51
	<b><u>Balance Due</u></b>				<b><u>\$1,193.51</u></b>

<b>Total Balance Due</b>	<b>\$1,556.86</b>
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