

Guarantor ID: XXXXXXXXX Responsible party: Patient Name Statement date: March 5, 2018

Use MyChart Your secure, online health connection

MyChart is a free, fast and easy way for you to manage your health care. You can schedule appointments, view test results, request prescription refills, review medications and immunizations, pay your bill and more!

Thank you for choosing Bryan Health.

Our statement has a new look. If you have questions about this, visit bryanhealth.org/StatementFormat or call 402-481-5791.

Previous Statement Amount	\$0.00
New Services	118.00
Insurance Paid & Adjustments	0.00
Personal Payments/Discounts	0.00



Pay Online

Use your MyChart account - it's easy, fast and secure Don't have a MyChart account - use our guest pay option Go to: mychart.bryanhealth.org/guestpay and enter:

Guarantor ID: XXXXXXXX Name: Patient Name

Total Account Balance* \$118.00 Payment Plan Amount Due* 0.00 Other Accounts Amount Due* 118.00



Pay by Phone

Call 402-481-5791 8 a.m.-4:30 p.m., Monday-Friday

Asesor financiero para pacientes en español 402-481-5791



Pay by Mail

Complete the form below and return in the enclosed envelope.

Current Amount Due*

\$118.00

*Please see Frequently Asked Questions on back for explanation of terms.

Please Note: You may receive separate bills from other providers involved in your care.

Having trouble paying your bill? You may be eligible for financial assistance if you have limited or no health insurance and demonstrate financial need. Complete a Bryan Health financial assistance application and submit with required financial documents. Learn more and get an application at: bryanhealth.org/financial-assistance OR call our financial counselors at 402-481-5791 (toll free 877-577-9277).

Detach the bottom portion to return with your payment.

Bryan Health 2300 S. 16th St. Lincoln, NE 68502-3780

☐ My address or insurance information has changed. I have written these changes on the back of this form.

Patient Name Patient Address

\$118.00	Ap	April 5, 2018			\$	
Amount Due:	Du	e By:		Am	ount Enclosed	
Signature						
Card Number			Exp D	ate	Security Code	
Cardholder Name						
Card Type (Please Circle)	ISA	MasterCard		DISC	OVER'	

Make Check Payable and Send To:

Bryan Health PO Box 82557 Lincoln, NE 68501-2557