



1643 Lewis Ave, Suite 203
Billings, MT 59102-4151



*For Return Mail Purpose Only.
Please do not remit to this address.*

TESTRF TESTRL
10604 JUSTIN DR
TEST
DES MOINES IA 50322



Phone Hours:
Monday - Thursday 8:00 a.m. - 7:00 p.m. CT
Friday 8:00 a.m. - 6:00 p.m. CT
Saturday 9:00 a.m. - 1:00 p.m. CT

Toll Free: 1-800-649-8551

For walk-in hours and location please see reverse.
Pay Your Bill Online: www.integrisandme.com

Online Bill Pay # 8340-T8340

Thank you for choosing INTEGRIS for your healthcare needs.

Avadyne Health is an extension of the business office for INTEGRIS. **Avadyne Health is not a collection agency and your account is not in default.**

Payment in full is expected upon receipt unless other arrangements are made.

- Please note: This balance may not reflect the entire balance due from all accounts with INTEGRIS.

Account Description	
Statement Date:	06/07/17
Account no:	T8340
PC Number:	19785118
Patient Name	TESTPL, TESTPF
Guarantor Name:	TESTRL, TESTRF
Service Date:	01/01/17
Location:	INTEGRIS Home Care Enid
Type of Service:	
Primary Insurance:	
Secondary Insurance:	

Summary of Charges	
misc	100.00
<hr/>	
Total Charges:	100.00
Insurance Payments/Adjustments:	0.00
Patient Payments:	0.00
Other Adjustments:	0.00
<hr/>	
Amount You Owe by 06/27/2017	100.00

Financial Assistance

Financial assistance may be available. For more information, please call 1-800-649-8551 or visit <https://integrisok.com/>.

Asistencia financiera puede estar disponible. Para obtener mas informacion, por favor llame al 1-800-649-8551 o visite <https://integrisok.com/>.

*An itemization of charges is available upon your request.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARD NUMBER	AMOUNT		
SIGNATURE	EXP. DATE		
PRINT NAME			

Patient Name: TESTRF TESTRL

Account No: 8340-T8340

Due Date: 06/27/2017

Amount Due: \$100.00

Amount Enclosed: _____

Check here if your address or insurance information has been changed. Please indicate changes on the back of this page.

1 TESTRL

TESTRF

T8340

0000100000083401

Please make checks payable to:
INTEGRIS

INTEGRIS
Payment Processing Center
PO Box 219714
Kansas City, MO 64121-9714



How to Handle Your Account

Health Insurance Billing:

INTEGRIS will bill all of your health insurance carriers provided you submit all the necessary information.

You are responsible for any portion of your charges remaining unpaid by your insurance.

If you feel your insurance company should have paid your bill, please contact your insurance company. Many times a call from the insured will prompt immediate payment. It is also your responsibility to be aware of any exclusions, benefits, co-payments and deductibles outlined in your insurance plan.

When another provider is involved with your care, their charges are billed separately and are not included in your hospital bill. Other providers include, but are not limited to: ER Physicians, Anesthesiologists, Radiologists and Pathologists, just to name a few. **Their charges are billed separately and are not included in your hospital bill.**

Payment Options:

INTEGRIS is committed to working with you to resolve your balance. Please review the following payment options to help satisfy your obligation as quickly as possible.

Payment in full: Payment can be made by check, money order, or credit card (see front of statement for credit cards that are accepted).

Payment arrangements: A payment plan can be set up in accordance with your provider's credit policy. Please contact a Customer Service Representative to set up a payment plan.

Federal or State payment programs: For patients who do not have health insurance, your Healthcare provider will assist you in determining eligibility for federal or state programs. Please contact our Customer Service Center for more information.

Financial Assistance: If you feel you are unable to pay all or part of your bill, you may qualify for financial assistance. A Financial Assistance Program is available to assist qualifying patients to aid in the financial resolution of their hospital bills. Each situation will be reviewed for special circumstances based on good faith efforts and other factors.

Si usted siente que no puede pagar la cantidad total o parte de su factura, usted puede calificar para asistencia financiera. Un programa de asistencia financiera está disponible para asistir a pacientes cualificados para ayuda en la resolución financiera de sus cuentas del hospital. Cada situación será revisada para circunstancias especiales a base de esfuerzos de buena fe y otros factores.

Other payment sources: If the treatment you received was a direct result of any of the following circumstances, you may be eligible for assistance from other sources: *auto accident, accident on property, assault, or injured while working.* You may also have other options if you recently lost a job.

Thank you for choosing INTEGRIS for your healthcare needs.

Do We Have Your Insurance Information?

Complete this insurance information area only if information has not been previously provided or has changed.

1. Primary Insurance: <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other	2. Secondary Insurance: <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other
Patient Name _____	Patient Name _____
Insurance Co. Name _____	Insurance Co. Name _____
Insurance Co. Address _____ Effective Date _____	Insurance Co. Address _____ Effective Date _____
City/Street _____ Zip _____ Phone _____	City/Street _____ Zip _____ Phone _____
Policy # _____ Group # _____	Policy # _____ Group # _____
Policy Holder's Name _____ Relationship _____	Policy Holder's Name _____ Relationship _____
Policy Holder's DOB _____	Policy Holder's DOB _____
Policy Holder's SS # _____ Employer _____	Policy Holder's SS # _____ Employer _____
I authorize the hospital to submit any/or all medical data to my insurance company, and authorize the assignment of any benefits or payments to the hospital. I understand I am financially responsible to the hospital for charges not covered by this authorization. Please return with copies of the front and back of your insurance card(s).	
Signed _____ Date _____	

CHANGE OF ADDRESS

Name _____ Phone _____
Address _____
City _____ State _____ Zip _____

Questions about your patient account or bill?

Preguntas acerca de su
cuenta de paciente o factura?

We're here to help! Our Customer
Service Representatives are available.

Mon - Thur 8 am - 7 pm CT
Friday 8 am - 6 pm CT
Saturday 9 am - 1 pm CT

Walk-In hours:
Monday – Friday 7:30AM – 5PM
INTEGRIS Business Office
Quail Springs Parkway Suite 101
Oklahoma City, OK 73134

**Customer Service
Phone Number:
1-800-649-8551**

