



Guarantor ID: 9753

Guarantor Name: Arthur D Registration

Statement Date: August 29, 2021

Patient: Arthur D Registration

Charges	30,686.00
Insurance Paid	0.00
You Paid	0.00
Other Adjustments	-6,137.20

**Amount Due** **\$24,548.80**

Payment Due By: **September 27, 2021**

*See following pages for statement details*

### Pay Online with MyChart

The easiest way to view your statement, make payments, set up payment arrangements, and more! Sign up today!



<https://mychart.crh.org> Activation code: PQ2HF-9XV5C-Z9JFG

To Pay as Guest:  
Guarantor ID: 9753 Name: Registration



#### Pay By Phone

Call 812-376-5315  
8:00 am to 4:30 pm Monday through Friday.



#### Pay By Mail

Complete the form below and return in the enclosed envelope.

*This statement reflects transactions through August 29, 2021*

*Detach this portion and return with your payment*



PO Box 775552  
Chicago, IL 60677-5552

My address or insurance information has changed.  
Changes are on the back of this form.

Payment Information

Guarantor #: **9753**

AMOUNT DUE	DUE DATE	AMOUNT ENCLOSED
24,548.80	09/27/21	\$
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		
CARD #		
SECURITY CODE	EXP. DATE	SIGNATURE

Make checks payable to Columbus Regional Health using the address below:

Arthur D Registration  
152 OAK LN  
COLUMBUS IN 47201

Columbus Regional Health  
PO BOX 775391  
Chicago, IL 60677-5391



Guarantor ID: 9753  
 Guarantor Name: Arthur D Registration  
 Statement date: August 29, 2021

Your current insurance on file is listed below. For questions or changes, please call (812) 376-5315.

Primary Insurance: NO PLAN ON FILE  
 Secondary Insurance: NO PLAN ON FILE

### Hospital Services

Date	Description	Charges	Pmts/Adjs	Patient Balance
	Visit to Columbus Diagnostic Imaging CT Scan			Acct #7000010067
July 22, 2021	for Seven Minor Siho Cdi			
This is your balance after your insurance has either paid your claim or did not respond to request for payment. If you would like to set up a payment arrangement, please call (812) 376-5315.				
	LABORATORY-GENERAL	20.00		
	RADIOLOGY-DIAGNOSTIC-GENERAL	1,944.00		
	CT SCAN-GENERAL	10,218.00		
	OTHER IMAGING SERVICES-GENERAL	2,280.00		
	MAGNETIC RESONANCE TECHNOLOGY-GENERAL	14,220.00		
	OTHER DIAGNOSTIC SERVICES-GENERAL	2,004.00		
July 28	SELF-PAY DISCOUNT		-6,137.20	
	<b>Your Responsibility</b>			<b>24,548.80</b>