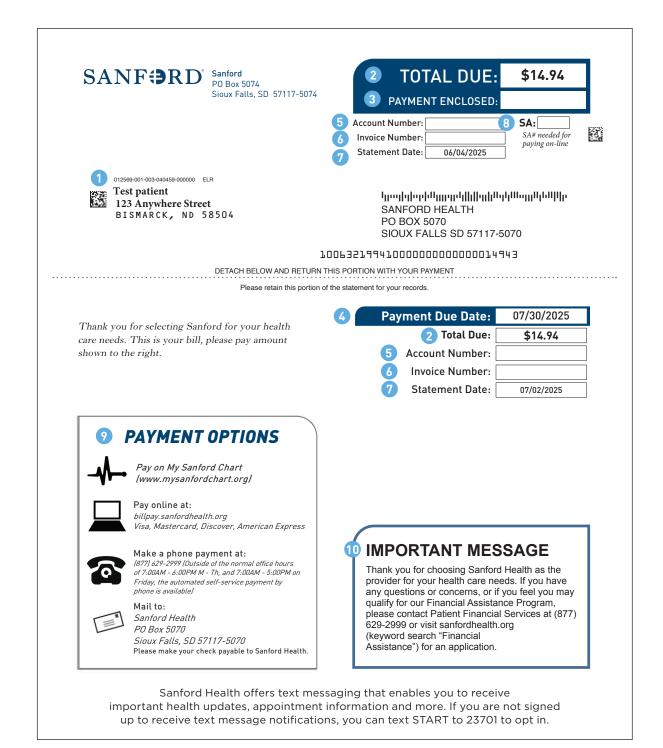
## **Cover Page**

- Guarantor or person responsible for the bill
- 2 Amount you owe
- 3 Amount you are paying
- Date payment is due (If PAST DUE is displayed, payment is due immediately.)
- 5 Account number included on all correspondence
- 6 Number unique to this billing statement
- Statement print date
- 8 Service Area number required for online payments
- Listing of payment options available to you
- Important notice specific to your account



Thank you for choosing Sanford Health. If at any time you have questions regarding your Sanford Health billing statement, please contact our office at (877) 629-2999. Our Customer Service staff is ready to assist you.

