





Welcome to your new Sanford Enterprise Patient Billing Statement

Based upon patient input and feedback, Sanford has simplified and redesigned your billing statement to make it easier to read. Many patients have stated they simply want to know what they owe Sanford Health for their services received or a summary view. Other patients have expressed an interest in seeing the detail of their visits. We are pleased to provide you with both options. Below is an outline of the newly designed cover page.

<p>SANFORD Sanford PO Box 5074 Sioux Falls, SD 57117-5074</p>	<p>2 TOTAL DUE: \$45.79</p> <p>3 PAYMENT ENCLOSED:</p>
<p>1 000024-001-002-000047-000000 55D55617 PAM PATIENT NAME 100 ANYWHERE STREET CITY STATE ZIP</p>	<p>5 Account Number: <input type="text"/> SA: 10 6 Invoice Number: <input type="text"/> <small>SA# needed for paying on-line</small> 7 Statement Date: 07/02/2015 8</p>
<p><i>Thank you for your recent payment of \$50.00.</i></p> <p>110060017292000000000000045790 SANFORD HEALTH PO BOX 5070 SIOUX FALLS SD 57117-5070</p>	
<p>1.00600172920000000000000045790 DETACH BELOW AND RETURN THIS PORTION WITH YOUR PAYMENT Please retain this portion of the statement for your records.</p>	
<p><i>Thank you for selecting Sanford for your health care needs. This is your bill, please pay amount shown to the right.</i></p>	<p>4 Payment Due Date: 07/30/2015</p> <p>2 Total Due: \$45.79</p> <p>5 Account Number: <input type="text"/></p> <p>6 Invoice Number: <input type="text"/></p> <p>7 Statement Date: 07/02/2015</p>
<p>9 PAYMENT OPTIONS</p> <p> Pay on My Sanford Chart</p> <p> Pay online at: billpay.sanfordhealth.org Visa, Mastercard, Discover, and</p> <p> You can make a phone payment at: (605) 328-6585 or (800)-629-2999 Business Hours: Monday-Friday 7am-6pm Saturday 7am-5pm</p> <p> Mail to: Sanford Health PO Box 5070 Sioux Falls, SD 57117-5070</p>	<p><i>Balances that are not paid in full or on an agreed upon payment will be assessed a periodic late fee of 0.5 percent (6 percent ANNUALLY). To avoid the periodic late fee, please take action by the due date.</i></p>
<p>10 IMPORTANT MESSAGE</p> <p>Thank you for choosing Sanford Health as the provider for your healthcare needs. If you have any questions or concerns, or if you feel you may qualify for our Financial Assistance Program please contact us at (605) 328-6585 or (877) 629-2999, or visit sanfordhealth.org (keyword search "Financial Assistance").</p>	
<p>Schedule your next appointment online. Anytime. mysanfordchart.org</p>	

Cover Page

- 1** Guarantor or person responsible for the bill.
- 2** Amount you owe.
- 3** Amount you are paying.
- 4** Date payment is due to Sanford. (If PAST DUE is displayed, due date is immediately.)
- 5** Account number included on all correspondence.
- 6** Number unique to this billing statement.
- 7** Statement print date.
- 8** Service Area number required for online payments.
- 9** Listing of payment options available to you.
- 10** 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 or (800) 263-2237. Our Customer Service staff is ready to assist you.