Cover Page

1. Guarantor or person responsible for the bill
2. Amount you owe
3. Amount you are paying
4. 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
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

SANFORD

Sanford
PO Box 5074
Sioux Falls, SD 57117-5074

2 TOTAL DUE: $14.94

3 PAYMENT ENCLOSED:

5 Account Number:

6 Invoice Number:

7 Statement Date: 06/04/2025

8 SA:

SA# needed for paying on-line

1 012569-001-003-040459-000000 ELR

Test patient
123 Anywhere Street
BISMARCK, ND 58504

SANFORD HEALTH
PO BOX 5070
SIOUX FALLS SD 57117-5070

1006321994100000000000000014943

DETACH BELOW AND RETURN THIS PORTION WITH YOUR PAYMENT

Please retain this portion of the statement for your records.

Thank you for selecting Sanford for your health care needs. This is your bill, please pay amount shown to the right.

4 Payment Due Date: 07/30/2025

2 Total Due: $14.94

5 Account Number:

6 Invoice Number:

7 Statement Date: 07/02/2025

9 PAYMENT OPTIONS

Pay on My Sanford Chart (www.mysanfordchart.org)

Pay online at:
billpay.sanfordhealth.org
Visa, Mastercard, Discover, American Express

Make a phone payment at:
(877) 629-2999 (Outside of the normal office hours of 7:00AM - 6:00PM M - Th, and 7:00AM - 5:00PM on Friday, the automated self-service payment by phone is available)

Mail to:
Sanford Health
PO Box 5070
Sioux Falls, SD 57117-5070
Please make your check payable to Sanford Health.

10 IMPORTANT MESSAGE

Thank you for choosing Sanford Health as the provider for your health care needs. If you have any questions or concerns, or if you feel you may qualify for our Financial Assistance Program, please contact Patient Financial Services at (877) 629-2999 or visit sanfordhealth.org (keyword search "Financial Assistance") for an application.

Sanford Health offers text messaging that enables you to receive important health updates, appointment information and more. If you are not signed up to receive text message notifications, you can text START to 23701 to opt in.

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.

SANFORD