



# Community Memorial Hospital

## UnityPoint Health

IRS# 42-0670596

909 West First Street, P.O Box 148  
Sumner, IA 50674  
(563) 578-3275

Dear John Smith,

Thank you for choosing Community Memorial Hospital UnityPoint Health and Clinics for your healthcare needs. Your account is now due in the amount of \$1207.50. Balances greater than \$200.00 paid within 10 days of the first statement may be eligible for a prompt pay discount. Contact us for eligibility or for any questions regarding your bill at 563-578-3275.

Financial assistance is available for those who qualify. A copy of the Financial Assistance Policy, Plain Language Summary and Application are available on our website at [www.cmhsumner.org](http://www.cmhsumner.org) under the Financial Assistance link. Payment plans are available for balances greater than \$500. Please contact our Financial Counselor at 563-578-2158 with any questions.

**If this statement does not reflect any insurance payment and you have coverage, please contact us immediately with your coverage information.**

### BILLING STATEMENT KEEP THIS PORTION FOR YOUR RECORDS

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Monthly Payment
All Accounts	1,207.50	0.00	0.00	1,207.50	1,207.50
<b>Totals</b>	<b>1,207.50</b>	<b>0.00</b>	<b>0.00</b>	<b>1,207.50</b>	<b>1,207.50</b>

#### Account Detail

Detach coupon below and include with payment

#### Community Memorial Hospital

Po Box 148  
Sumner, IA 50674  
563-578-3275

Return Service Requested

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CARD NUMBER		CCV CODE
NAME ON CARD		EXP DATE
SIGNATURE		PAYMENT AMT
STATEMENT DATE 06/02/20	GUARANTOR NUMBER 5210007771	AMOUNT DUE \$1,207.50

#### ADDRESSEE:

John Smith  
123 Main Street  
Des Moines, IA 50310

#### REMIT TO:

**Community Memorial Hospital**  
Po Box 148  
Sumner, IA 50674

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Amount Due
<b>Acct #52000010 Test, Batch</b> <b>Inpatient</b> <b>COMMUNITY MEMORIAL HOSPITAL</b> <b>Inpatient Attending Physician BA</b>					
11/27/2018	PHARMACY - GENERAL CLASSIFICATION RADIOLOGY - DIAGNOSTIC - GENERAL CLASSIFICATION <b>Total Charges</b> <u>Your Responsibility</u>	607.50 600.00 <b>1,207.50</b>			<u><b>1,207.50</b></u>
<b>Balance Due</b>					<u><b>1,207.50</b></u>

\* indicates the account is on a payment plan