

A MESSAGE FROM YOUR HEALTHCARE PROVIDER

Thank you for choosing Morris Hospital and Healthcare Centers for your healthcare needs.

- Avadyne Health is an extension of the business office for Morris Hospital and Healthcare Centers. Avadyne Health is not a collection agency and your account is not in default.
- Payment in full is expected upon receipt unless other acceptable arrangements are made.
- Please note: This balance may not reflect the entire balance due from all accounts with Morris Hospital and Healthcare Centers.
- Any payments received will be posted to the oldest date of service.

BILL PAY OPTIONS



Reference #: 987654321
Pay Online: morris.mypaymed.com

Email: inquiry@avadynehealth.com
Toll Free: 1-888-671-8301



Hours: Mon - Thurs 8AM - 7PM CT
Fri 8AM - 6PM CT
Sat 9AM - 1PM CT

FINANCIAL ASSISTANCE

Financial assistance may be available. For more information, please call 1-888-671-8301 or visit <https://www.morrishospital.org/>.

SUMMARY OF ACCOUNTS

Statement Date: 04/05/19

Description	Charges	Charge Amount	Ins Pay/Adj	Other Adj	Patient Paid	Account Status	Amount Due	
Account# L00002990000 2	Oper Rm Svcs	14,909.00					Service Date 06/30/16	
Patient: John Doe	Pharmacy	3,805.21						
Provider: Hospital - Outpatient	IV Therapy	2,605.00						
Location: Morris Hospital and Healthcare Centers 4	Anesthesia	1,674.00						
1st Ins: BLUE OPEN ACCESS	Specialty Services	1,197.00						
	Laboratory	731.00						
	Laboratory-Path	405.00						
	Recovery	342.00						
	Med/Surg Supp Dev	38.00						
	5 Total:	6 25,706.21	7 (23,006.64)	7 0.00	7 (1,850.00)	First Notice		8 849.57
AMOUNT DUE:								3 \$849.57

PLEASE RETURN BOTTOM PORTION WITH PAYMENT



Morris Hospital and Healthcare Centers
1643 Lewis Ave Ste 203
Billings MT 59102

<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> DISCOVER <input type="checkbox"/> American Express		
PRINT NAME AS IT APPEARS ON YOUR CARD		EXP. DATE
CARD NUMBER		AMOUNT PAID:
SIGNATURE		
ACCOUNT NUMBER	AMOUNT DUE	DUE DATE
6010-L00002990000	\$849.57	Upon Receipt

Check here if your address or insurance has been changed. Please indicate changes on the back of this page.



432 ▲ 0 0 0 0 0 0
John Doe T1 P1
123 Anystreet
Anytown GA 12345



Morris Hospital and Healthcare Centers
PO Box 801696
Kansas City, MO 64180-1696

