



PO Box 9344 NW 7365 | Minneapolis, MN 55440-9344

Home Oxygen & Medical Equip.

i For billing questions, please call: 612-262-1700
Office Hours:
Monday – Thursday 8am – 4:30pm
Friday 9am – 4:30pm

Addressee



JOHN DOE
123 MAIN STREET
ANYWHERE US 12345-6789

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e-Payments Now Available!

Fast, easy, and better for the environment.
Pay online today!



Pay Online: allinahealth.org/payHOMEbill

Account Number

00000

Due Date

Upon Receipt

Amount Due

\$80.00

Amount Paid

\$

Please make checks payable and remit to:



ALLINA HEALTH HOME OXYGEN & MEDICAL EQUIPMENT
PO BOX 9344 NW 7365
MINNEAPOLIS MN 55440-9344

☐ Check if address/insurance changes are on back

myEasyMatch Code: A-BCDEF-12345-GHIJKL

Please detach and return top portion with payment.

Account Number	Account Name	Statement Date	Due Date
00000	JOHN DOE	01/05/2015	Upon Receipt

Date	Service Description	Charges	Payments/ Adjustments	Patient Balance
JOHN DOE				
10/13/2014	Invoice Number: 01234567 CPAP SYSTEM ONE AUTO	\$65.00		\$65.00
	Invoice Totals	\$65.00		\$65.00
11/13/2014	Invoice Number: 01234568 CPAP SYSTEM ONE AUTO	\$65.00		\$15.00
12/24/2014	MEDICARE Payment		-\$50.00	
	Invoice Totals	\$65.00	-\$50.00	\$15.00

Allina Health

MESSAGES

Allina Health Home Oxygen and Medical Equipment is introducing a new look to our statements. If you have any questions regarding your account, please contact us at 612-262-1700. You can also make an online payment at www.allinahealth.org/payHOMEbill

STATEMENT SUMMARY

Total Charges:\$130.00
Insurance Payments/Adjustments:-\$50.00
Patient Payments/Adjustments:\$0.00

AMOUNT DUE:

\$80.00

Change of Address		
Name (Last, First, Middle Initial)		
Address		
City	State	ZIP
Telephone		

If Paying By Credit Card, Fill Out Below	
CHECK CARD USING FOR PAYMENT	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER	EXP. DATE
SIGNATURE	AMOUNT PAID
PRINT NAME	

Primary Insurance Updates			
Primary Insured Name			
Primary Insurance Name		Effective Date	
Primary Insurance Street Address			
City	State	ZIP	Telephone
Employer Name		Group Number	
Subscriber ID #		Policyholder's Date of Birth	

Secondary Insurance Updates			
Secondary Insured Name			
Secondary Insurance Name		Effective Date	
Secondary Insurance Street Address			
City	State	ZIP	Telephone
Employer Name		Group Number	
Subscriber ID #		Policyholder's Date of Birth	

CONTACT US:

If you have any questions, please call the Customer Service Department at 612-262-1700 or 800-859-5077. Monday-Thursday 8:00AM to 4:30PM, Friday 9:00AM - 4:30PM. Contact.center@Allina.com

To contact us by mail or email please include the following information:

Allina Health	Patient Name
P.O. Box 43	Account Number
Mail Route 10200	Date of Service
Minneapolis, MN 55407	Description of the Request

GENERAL INFORMATION:

Allina Health is a not-for-profit network of hospitals, clinics, and other health care services, providing care throughout Minnesota and western Wisconsin.

We serve our communities by providing exceptional care, as we prevent illness, restore health and provide comfort to all who entrust us with their care.

FINANCIAL POLICY AND ASSISTANCE:

Allina Health’s credit policy is that payment is due in full upon receipt of the first statement. Your payment will be applied to the oldest date of service on your account.

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

If you are unable to make payment in full, Allina Health offers the following options for payment of your balance.

1. Payment Plan
2. MedCredit Financial Services
3. Allina Partners Care

If you would like to find out if you qualify for any of these options, please contact our Customer Service department at 612-262-1700 or 800-859-5077. Our patient account specialists will be happy to assist you with the payment option that best addresses your need.

If you feel that your concerns have not been addressed, please contact our Customer Service Department first and allow us the opportunity to try and address your concerns. If you continue to have concerns that have not been addressed, you may contact the Minnesota Attorney General’s Office, which can be reached at 651-296-3353 or 1-800-657-3787.

ASSOCIATED EXPENSES:

You may also receive medical bills from other providers of services related to your Allina Health visit. Examples of these could include radiologists, anesthesiologists, transportation costs, etc. It is expected that you will work directly with these providers regarding their charges.