



EMERGENCY MEDICAL SERVICES

PO Box 9382 | Minneapolis, MN 55440

Billing Questions?

Please Call us at (612) 262-1331 or (877) 319-9853
Monday-Thursday 8am to 4:30pm, Friday 9am - 4:30pm

Please check box if address below is incorrect or if you have insurance updates and indicate change(s) on the reverse side.

ADDRESSEE

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Joseph Apex
300 Main Street.
SAINT PAUL MN 55117-4302

IF PAYING BY CREDIT CARD, FILL OUT BELOW

CHECK CARD USING FOR PAYMENT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
CARD NUMBER			EXP. DATE
SIGNATURE			AMOUNT PAID
ACCOUNT NUMBER	INVOICE NUMBER	PAY THIS AMOUNT	STATEMENT DATE
0001234	TR00001234	\$527.00	05/07/2014



Pay Your Bill Online:
Just go to allinahealth.org/payAMTbill

PLEASE MAKE CHECKS PAYABLE AND REMIT TO:

ALLINA HEALTH EMERGENCY MEDICAL SERVICES
PO BOX 9382
MINNEAPOLIS MN 55440

myEasyMatch Code: P-GLMJN-85418-SQBVFQ *Thank you for choosing Allina Health Emergency Medical Services*

ACCOUNT NUMBER	RESPONSIBLE PARTY NAME	STATEMENT DATE	INVOICE NUMBER
00001234	Joseph Apex	05/07/2014	TR00001234

Date of Service	Description	Charges	Payments/ Adjustments	Patient Balance
	New Charges			
04/19/2014	Patient - Joseph Apex Invoice Number - TR00001234 Service provided from: United Hospital Service provided to: Ramsey County			
04/19/2014	Mileage	\$45.00		
04/19/2014	Base Rate	\$568.00		
04/19/2014	Total Charges	\$613.00		
04/19/2014	Total Transactions		-\$86.00	
	Summary	\$613.00	-\$86.00	\$527.00

Statement Message:

As of April 1st, Allina Health EMS switched to a new billing system to improve the look of our statements. You may still receive a statement from our old system until your previous balance is paid off. We hope you find the new statements easier to read. If you have any questions, please call 612-262-1331 or 877-319-9853

PLEASE PAY THIS AMOUNT **\$527.00**

PLEASE ENTER CORRECTED NAME OR ADDRESS BELOW		QUESTIONS
NAME _____		For questions regarding insurance benefits and payments, please contact your insurance company by calling the phone number listed on the back of your insurance card.
STREET _____ APT NUMBER _____		
CITY _____ STATE _____ ZIP _____		For answers to common questions about Allina Health billing, go to www.allinahealth.org/billing .
HOME PHONE _____	WORK PHONE _____	
INSURANCE UPDATE		TO CONTACT US:
INSURANCE CO. NAME _____ EFF. DATE _____		If you have any questions, please call the Customer Service Department at 612-262-1331 or 1-877-319-9853. Monday-Thursday 8:00AM to 4:30PM, Friday 9:00AM - 4:30PM Contact.center@Allina.com
INSURANCE CO. ADDRESS _____		
CITY _____ STATE _____ ZIP _____		To contact us by mail or email please include the following information: Allina Health P.O. Box 43 Mail Route 10200 Minneapolis, MN 55407 Patient Name Account Number Date of Service Description of the Request
SUBSCRIBER _____ EMPLOYER _____		
ID# _____ GROUP# _____		
COVERED INDIVIDUALS _____		

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.

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 612-262-1331 or 1-877-319-9853. Our patient account specialists will be happy to assist you with the payment option that best addresses your need.

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.