Summary of Services	
Guarantor Name: Guarantor Number:	
Amount Due: $	
Charges: $	
Total Payments: $	
Total Adjustments: $	
Health Plan:	

Initial Statement

Date	Account Number	Guarantor Access Number	Location	Charges	Pmts/Adjmts

See Following Page(s) for Additional Account Detail

Thank you for entrusting your care to Medical Center Health System. This statement reflects the charges for services you received. This bill is for hospital charges only. You may also receive a separate bill from the physician(s) involved in your care, including ER physicians, radiologists, anesthesiologists, pathologists, or other physician specialties.

Pay Online (Recommended): Visit us at https://mchodessa.paymyhealthbill.com/quickpay.

Pay By Phone (24/7): Give us a call at 432-307-6160.

By Mail: Detach the coupon below and mail payments to:
Medical Center Hospital PO Box 223685 Dallas, TX 75222-3685

Monthly payment plans and other financial assistance programs are available for patients that meet certain financial criteria. If you can't pay your bill or if you have billing questions, we're happy to assist you. Visit us online at https://mchodessa.paymyhealthbill.com/quickpay or call 432-307-6160, 8:00 AM - 6:00 PM CST. You will be asked to provide your encounter number .

You may also receive a separate bill from the physicians involved in your care, including; ER Physicians, Radiologist, Anesthesiologist, Pathologist or other physician specialties.
*Please note: This balance may not reflect the entire balance due from all invoices with Medical Center Hospital. Any payments received will be posted to the oldest date of service.

✂Please return bottom portion with your payment enclosed

Medical Center Hospital
A Member of Medical Center Health System

PO Box 223685
Dallas, TX 75222-3685

Guarantor Number:
Guarantor: GUARANTOR FNAME GUARANTOR LNAME

AMOUNT DUE	DUE DATE	AMOUNT PAID
$		$

260

Please make checks payable and remit to:

Medical Center Hospital
PO Box 223685
Dallas, TX 75222-3685

Medical Center Hospital
A Member of Medical Center Health System

Resumen de servicios
Nombre del Garante: Número del Garante:
Suma adeudada: $
Cargos: $
Pagos Totales: $
Ajustes Totales: $
Plan de salud:

Gracias por confiar su cuidado a Medical Center Health System. Este comunicado refleja los montos adeudados por servicios que recibió. Esta factura es solamente por gastos hospitalarios. Usted podría recibir, también, una cuenta separada del/de los médicos(s) que lo(a) atienden, incluidos médicos de emergencias, radiólogos, anestesiólogos, patólogos y otras especialidades médicas.

Pago en línea (recomendado): Visítenos en https://mchodessa.paymyhealthbill.com/quickpay.

Pague por teléfono (24/7): Llámenos al 432-307-6160.

Por correo: Desprenda el cupón a continuación y envíe los pagos a: Medical Center Hospital PO Box 223685 Dallas, TX 75222-3685

Hay planes de pago mensuales y otros programas de asistencia financiera disponibles para pacientes que cumplan ciertos criterios financieros. Si no puede pagar su cuenta o si tiene dudas sobre la facturación, tendremos gusto en asistirlo(a). Visítenos en internet en https://mchodessa.paymyhealthbill.com/quickpay o llame al 432-307-6160, 8:00 AM - 6:00 PM CST. Se le pedirá que proporcione su número de encuentro .

PATIENT UPDATES

Address
City State Zip
Preferred Telephone Number
Email Address

Date	Account Number	Guarantor Access Number	Location	Charges	Pmts/Adjmts