


# Understanding Your Bill

**Bill Title** lets you know whether the bill is a normal billing statement or a payment plan notice.

**Bill Summary** provides an overview of the statement's contents, including patient information.

*For an itemized list of charges, flip the bill over.*

**Perforated Check Stub** makes mailing in check payments simple! Include this stub in the envelope with your check.



UNIVERSITY HEALTH CARE SYSTEM  
PO BOX 650292, DALLAS, TX 75265-0292  
RETURN SERVICE REQUESTED

**Physician Billing Statement**





**John Smith**  
123 Main Street, Apt 3  
Nowhere, GA 12345-6789

**Bill Summary** See following page(s) for itemized charges

Guarantor Name:	John Smith
Guarantor Number:	267485
Statement Date:	04/29/2021
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Total Charges:	\$744.00
Payments & Adjustments:	-\$612.00
<b>Amount Due:</b>	<b>\$132.00</b>

**Important Message**  
Any insurance information provided has been billed. The balance is your responsibility and is due upon receipt of this statement.

DUE BY 05/29/2021  
\$132.00

**Ways To Pay**    

**Pay Online**  
Visit: [www.uhmychart.org](http://www.uhmychart.org)

**Pay by Phone**  
Call: **844-975-3767**  
Enter Pay by Phone Code: **123-456-789**

**Pay by Mail**  
Complete the form below and return in the enclosed envelope. Make check payable to **University Hospital Contract Physicians**

**Important Information**

Learn more about the following options on the back of this page, or visit [www.uhmychart.org](http://www.uhmychart.org)


- Payment Plans
- Financial Assistance
- Update Account Information

**Have Questions?**

Call: **706-828-2333** or **1-800-763-0250**  
Hours: Mon-Fri 8:30am - 5:00pm

Flip Page →

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 Paying With Check? Detach and return lower portion with payment

Thank you for choosing University Health Care System for your health care needs.

<p>Name: John Smith Guarantor Number: 267485 Secure Health Code: PCO-PCO-PCO</p> <p><b>Amount Due: \$132.00</b></p> <p>Payment Included \$ <input style="width: 50px;" type="text"/></p>	<p><small>If paying by check, make payments to:</small></p> <div style="border: 1px solid black; padding: 5px; background-color: white;"> <b>UNIVERSITY HOSPITAL CONTRACT PHYSICIANS</b> PO BOX 650292 DALLAS, TX 75265-0292                 </div>
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**Amount Due** shows your total patient responsibility for this statement and when it is due.

**Ways to Pay** lists your payment options. You can pay online at [www.uhmychart.org](http://www.uhmychart.org), pay over the phone 24/7 by calling 844-975-3767 and following the prompts, or pay via mail by following the instructions provided.

**Questions** regarding your bill can be answered by sending us a secure message in your PatientWallet® or by calling 706-828-2333.

