

AMOUNT DUE
\$1,723.03

DUE DATE
08/29/2025



Make Payment in Full

Hi Tammy! This is your Premier Health bill. We have billed your insurance and the remaining balance of **\$100.00** is your responsibility. Visit MyChart or scan QR Code above.

mychart.premierhealthpartners.org



Account Summary

Statement Date: 08/02/2025
Guarantor Name: Tammy Statement
Guarantor Account #: 700198425
Primary Insurance: BCBS
Total Balance: \$150.00
Due Date: Upon Receipt
MyChart Access Code: ACDEF-12987-GETRTA

Additional Payment Options



Enroll in MyChart

MyChart Access Code: ACDEF-12987-GETRTA
mychart.premierhealthpartners.org



Pay by Phone 24/7

To make an automated payment by phone, call 937-208-5555



Financial Assistance

You may be eligible for financial assistance. Call our Billing Office at 937-208-5555



ADDRESSEE:

TAMMY STATEMENT
1234 MAIN ST
ALBERT LEA, USA 56007

Please check box if address is incorrect or insurance information has changed, and indicate the change(s) on reverse side

Guarantor Account #: 700198425
Guarantor Name: Tammy Statement

Please pay this amount by 08/29/2025 **\$1,723.03**

Amount Enclosed:



MAKE CHECKS PAYABLE AND REMIT TO:

PREMIER HEALTH
PO BOX 932715
CLEVELAND, OH 44193

501000352277000000015000011820268



AMOUNT DUE
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Guarantor Name

Guarantor Number

Statement Date

Due Date

Hospital Services

Patient Name: **John Doe**

Atrium Medical Center

Date of Service: 4/16/25	Inpatient Services	\$30,110.69	-\$8,136.04	\$1,440.00
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Atrium Medical Center

Date of Service: 4/15/25	Outpatient Services	\$3,838.00	-\$3,671.97	\$193.03
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Professional Services

Patient Name: **John Doe**

Dr. S Smith - Premier Clinic

Date of Service: 1/6/25	Office Visit	\$116.00	-\$71.00	\$45.00
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Dr. G Jones - Flower Clinic

Date of Service: 4/15/25	Office Visit	\$214.00	-\$169.00	\$45.00
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MyChart

MyChart makes it easy to securely make a payment, manage your health, and more!

mychart.premierhealthpartners.org

