

# A simple way to bill

To simplify things for you, we have reduced the number of bills we send and changed the way they look.

## For help in reading the bill

- 1 "Statement" tells you if the bill covers fees from the hospital or those from a clinic/doctor/health professional.
- 2 Please note that you have several options to pay.
- 3 The "guarantor ID" or "guarantor number" is the number given to the person or party who is financially responsible for the accounts on the statement.

## Frequently asked questions

### Will I receive more bills?

You may. We have combined the bills from hospital services or from your clinic/doctor/health professional services. If you used both services, you may receive a bill from both.

You could still receive a bill from a doctor or other health care provider who was part of your care while you were at Legacy. Lab services will be billed separately.

### How do I know the difference?

See "Statement for ..." at the top of your bill to see whether the charges are for "Hospital" or "Professional" services.

### Can I pay online?

Yes. See the "Payment Options" and "MyHealth" sections on your bill.

**1** Statement for Clinic and Professional Services Only  
Hospital and Other Services are billed separately

**2** Payment Options

- Pay in MyHealth: [legacyhealth.org/myhealth](http://legacyhealth.org/myhealth)
- Pay Online: [legacyhealth.org/statementpay](http://legacyhealth.org/statementpay)
- Pay by Mail: complete the form below and return it in the enclosed envelope
- Pay by Phone or for Questions: Please call (503) 227-2035 or 866-956-9620 Monday through Friday 8:00 a.m. - 5:30 p.m.

**3** Account Activity

|                       |
|-----------------------|
| Responsible Party     |
| Guarantor ID          |
| Previous Balance      |
| New Charges           |
| Insurance Payments    |
| Adjustments/Discounts |
| Patient Payments      |
| Amount Due            |

**3** Important Message

You may qualify for free care or a discount on your bill, whether or not you have insurance. Please contact our financial assistance office at [www.legacyhealth.org](http://www.legacyhealth.org) or 503-413-3900.

Con seguro médico o sin seguro médico, usted podría calificar para atención gratuita o para un descuento en su factura del hospital. Por favor póngase en contacto con nuestra oficina de asistencia financiera en [www.legacyhealth.org](http://www.legacyhealth.org) ó al 503-413-3900.

Detach this portion and return with your payment

**3** Guarantor Number: \_\_\_\_\_ Statement Date: \_\_\_\_\_

|              |              |              |
|--------------|--------------|--------------|
| Payment Due: | Due Date:    | Amount Paid: |
| Upon Receipt | Upon Receipt |              |

Make Checks Payable to Legacy Health

LEGACY HEALTH  
PO BOX 2787  
PORTLAND, OR 97208-2787

LEGACY HEALTH  
PO BOX 3948  
PORTLAND OR 97208-3948

00080000010004447600000203618

## Where do I go for help?

For hospital billing, call 503-413-4048 or 800-495-7076 or go to [www.legacyhealth.org/statementpay](http://www.legacyhealth.org/statementpay).

For clinic/professional billing, call 503-413-3900 or 877-295-8702 or go to [www.legacyhealth.org/statementpay](http://www.legacyhealth.org/statementpay).

