

Thank you for choosing **UnityPoint Health - Marshalltown** for your healthcare needs.

STATEMENT DATE

Responsible Party:

Due Date:

YOUR ACCOUNT SUMMARY

Account Summary (All Hospital Accounts)

Total Charges	\$ 583.00
Insurance Payments / Adjustments	- \$ 516.23
Patient Payments	\$ 0.00
Insurance Pending	\$ 0.00

AMOUNT DUE \$ 66.77

Important Message

Effective May 1, 2017, UnityPoint Health – Marshalltown acquired substantially all of the assets of Central Iowa Healthcare, including your account. Please remit payment to **UnityPoint Health**.

This statement reflects the balance for all of your hospital accounts at UnityPoint Health - Marshalltown. Please pay the balance of \$ 66.77 unless other payment arrangements have been made.

Update Your Records

If your health insurance or contact information has changed, please complete the CHANGE OF ADDRESS OR HEALTH INSURANCE INFORMATION section on reverse side and return with payment. You may also update your information by contacting Patient Services at **844-219-4564**.

Payment and Other Information



Questions about your bill? Call Patient Services at **844-219-4564**, 8:00AM – 4:30PM CT MON - FRI.



Payment methods include mail and over the phone.



To make payment arrangements or discuss financial assistance, please contact Patient Services at **844-219-4564**.







\$ 66.77



UnityPoint Health
Marshalltown
3 SOUTH 4TH AVENUE
MARSHALLTOWN, IOWA 50158

Amount Due	Due Date	Amount Paid
\$ 66.77	Upon Receipt	\$

Credit Card Number	Exp. Date	Circle Card  
Credit Card Holder's Signature	CVV Code	 

UNITYPOINT HEALTH -
MARSHALLTOWN
3 SOUTH 4TH AVENUE
MARSHALLTOWN, IOWA 50158



Patient Name			Insurance 1: Insurance 2:				
Service Date	Account Number	Description of Service	Total Charges	Insurance Payments / Adjustments	Patient Payments	Insurance Pending	AMOUNT DUE
			\$ 583.00	- \$ 516.23	\$ 0.00	\$ 0.00	\$ 66.77
<p>We appreciate the opportunity to provide your healthcare needs. Your account balance is now overdue. If you are unable to pay this account in full within 30 days, please contact Patient Financial Services to discuss payment arrangements.</p> <p>First Party Receivable Solutions (FPRS) is an extension of the business office for UnityPoint Health - Marshalltown. FPRS is not a collection agency and your account is not in default.</p>							

Due Date	AMOUNT DUE
Upon Receipt	\$ 66.77

CHANGE OF ADDRESS OR HEALTH INSURANCE INFORMATION

If you have new health insurance or a new address, please enter the information below.

NEW ADDRESS		CITY	STATE	ZIP CODE	NEW PHONE
POLICY HOLDER'S NAME/RELATIONSHIP TO PATIENT			POLICY ID #		GROUP #
EFFECTIVE DATE	BIRTH DATE OF INSURED		HMO/PPO/OTHER		INSURANCE PHONE #
IF GROUP INSURANCE, NAME OF GROUP (EMPLOYER, UNION/ASSOCIATION)					
INSURANCE COMPANY NAME			INSURANCE ADDRESS		
EMPLOYER			EMPLOYER ADDRESS		