

**Amount Due:**  
**\$1,194.43**

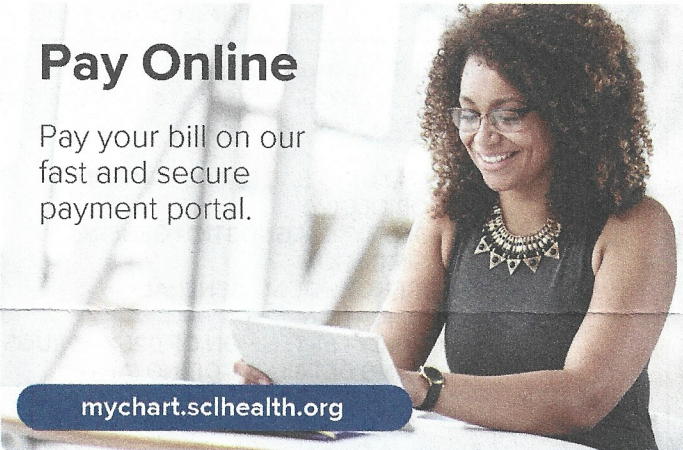
### Account Activity

Guarantor Name:	Hemant Bodipati
Guarantor Number:	1003327027
Statement Date:	7/19/2022
Due Date:	08/08/2022
Total Hospital Charges:	\$3,853.01
Total Physician Charges:	\$0.00
Total Payments/Adjustments:	-\$2,658.58

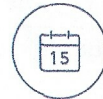
**Amount Due: \$1,194.43**

### Pay Online

Pay your bill on our fast and secure payment portal.



### Manage Your Account



#### Self-Service Payment Plans

If you are unable to pay in full, please contact us at 866-665-2636 or visit [mychart.sclhealth.org](http://mychart.sclhealth.org) to set up a convenient monthly payment plan.



#### Sign-up for Paperless Billing

It's fast, easy and no postage necessary. Enroll today at [mychart.sclhealth.org](http://mychart.sclhealth.org).



#### Mobile Quick Pay

Make an instant payment by using your smartphone!



#### Financial Assistance

You may qualify for financial assistance. To apply visit <http://sclhealth.org/financialassistance> or Call us at 866-665-2636.



### Past Due Notice

Our records indicate that one or more of your accounts is delinquent and requires immediate payment. Please contact us at 866-665-2636 to make payment arrangements.

Call us at 866-665-2636 or email [mychart\\_billing@sclhealth.org](mailto:mychart_billing@sclhealth.org)

1 of 2



PO BOX 1259 DEPT #168041, OAKS, PA 19458



Guarantor Number: 1003327027  
 Due Date: 08/08/2022  
**Amount Due: \$1,194.43**  
 Amount Paid: \$ \_\_\_\_\_



One-Time Payment: [mychart.sclhealth.org](http://mychart.sclhealth.org)

MAKE CHECKS PAYABLE AND REMIT TO:

**SCL HEALTH**  
 PO BOX 200491  
 DALLAS TX 75320-0491



**i** Have questions about your bill?  
 Call us: 866-665-2636 8:00am - 5:00pm Mon-Fri  
 Se habla español

ADDRESSEE:



HEMANTH BODIPATI  
 17727 E 54TH AVE  
 DENVER CO 80249-8818

581010 6200

02 071922 1003327027 7 0000119443 0

167973-PastDueDelinquent-519

Date	Service Description	Status	Charges	Payments/ Adjustments	Patient Balance
<b>PATIENT: Kushwik Bodipati</b> Account#: 202037320 Lutheran Medical Center Date of Service: 5/1/2022					
	LABORATORY - BACTERIOLOGY AND MICROBIOLOGY RADIOLOGY - DIAGNOSTIC - GENERAL CLASSIFICATION EMERGENCY ROOM - GENERAL CLASSIFICATION		\$719.24 \$566.30 \$2,564.16		
5/24/2022	PHARMACY - EXTENSION OF 025X - DRUGS REQUIRING DETAILED CODING (A) SELFPAY DISCOUNT		\$3.31	-\$2,658.58	
	<b>Amount Due</b> This account is not currently on a payment plan.	<b>Past Due</b>			<b>\$1,194.43</b>
<b>Total Amount Due</b>					<b>\$1,194.43</b>

SCL Health welcomes the opportunity to serve our patients and patient satisfaction is one of our top priorities. Please review this statement carefully.

**Insurance:**

If you have any questions regarding a deductible, co-insurance or other insurance payment amount, please contact your insurance company at the number provided on your insurance card.

**Disputes:**

If you believe a charge is not valid, you must dispute the charge in writing and submit by either email to [mychart\\_billing@sclhealth.org](mailto:mychart_billing@sclhealth.org) or mail: SCL Health System, Attn: Billing Inquiries, 500 Eldorado Blvd. Bldg. 4, Suite 4300, Broomfield, CO 80021-3408. The deadline to dispute charges is 60 days after receiving the bill for the charged services.

**Financial Assistance:**

Depending on your household income and family size, you may qualify for financial assistance. Please contact Patient Financial Services at 866-665-2636. Financial Assistance applications are available in your MyChart account, and can also be found at <http://sclhealth.org/financialassistance>.