Patient Financial Services
101 East Wood Street
Spartanburg, SC 29303-3153

Account Summary

Guarantor Name  Bacon, Chris P “Crispy”
Patient Name  Bacon, Chris P
Medical Record Number  10000064
Statement Date  09/10/2023
Amount Due  $108.55

Important News

If you are experiencing a financial hardship that is impacting your ability to meet your healthcare financial obligations, please contact us at 1-800-281-5346 for assistance. Please refer to the back of this statement for a summary of each account.

About Your Statement

Thank you for choosing Spartanburg Regional Healthcare System and its affiliates as your healthcare provider. This statement is for services delivered by Spartanburg Regional Healthcare System’s affiliated facilities and clinics, and our employed providers. If other medical providers assisted in your care, you will receive an additional statement from each of them.

You may obtain an itemized bill upon request. Patients have the right to request an audit of charges. Request must be made within 90 days of your first statement.

Your account is past due and in 30 days from this notice will be sent to our collection agency that may perform extraordinary collection actions. You may pay by cash, check, credit, or money order. If you have any questions about this statement or if you would like to apply for financial assistance please contact Customer Service at (800) 281-5346.

Online Bill Pay

Online bill pay is available 24 hours a day, seven days a week. To view your account information and pay your bill online, visit SpartanburgRegional.com/BillPay.

For payment options, billing questions, or insurance updates
Please contact Customer Service:
864-596-1001 or 800-281-5346
8:00am - 5:00pm, Monday - Friday

*Make check payable to
Spartanburg Regional Healthcare System
PO Box 743829
Atlanta, GA 30374-3829

*Please include the guarantor number on your check
*Please include your phone number on your check
*Enclose the above payment stub with your payment
*The above amount due is liquidated and not subject to dispute. SRHS expects full payment. The acceptance of partial payment does not waive SRHS’ right to collect full payment, notwithstanding any contrary language accompanying partial payment.
Do We Have Your Insurance Information?

Accurate insurance information helps ensure prompt payments by your insurance company. If you were unable to provide your insurance information or if different than shown on the front of this page, please complete the section below and return this page or call our office. Thank You!

Mail this stub to the address on reverse side.

1. Primary Insurance: ☐ Medicare  ☐ HMO  ☐ PPO  ☐ Other
   Insured Name ____________________________
   Address __________________________________________
   City/State Zip Phone __________________________
   Group/Plan __________________________ ID# __________________________
   Employer ____________________________________________

I authorize the hospital to submit any or all medical data to my insurance company for charges not covered by this authorization. Please return with copies of my insurance card(s) and authorize the assignment of any benefits or payments to the hospital.

Signed ____________________________________________________
Date _______________________________________________________

CHANGE OF ADDRESS

Name ____________________________ Phone __________________________
Address ______________________________________________________
City __________________________ State __________ Zip __________

Account Detail

Guarantor Name ____________________________ Bacon, Chris P
Guarantor Account ____________________________ 198

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Charges</th>
<th>Insurance Pmts/Adjs</th>
<th>Patient Pmts/Adjs</th>
<th>Patient Balance</th>
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<td>PR Office Outpatient Visit 15 Minutes</td>
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<td>58.45</td>
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<td>Self-Pay Discount - 02/14/2023</td>
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<tr>
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<td>Your Responsibility</td>
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<tr>
<td></td>
<td>Totals</td>
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<td>0.00</td>
<td>58.45</td>
<td>$108.55</td>
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<tr>
<td></td>
<td>Balance Due</td>
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<td></td>
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<td>$108.55</td>
</tr>
</tbody>
</table>

* indicates the account is on a payment plan