



Introducing your new statement

At CoxHealth we continually strive to improve services to our patients. We have recently transitioned to a new consolidated billing statement. We hope you like our new look!

1 Questions?

Customer service representatives are available to answer billing related questions.

2 Payment Options/Message

These are the payment options that are available to you as well as important messages, including our new online payment portal.

3 Guarantor Number

The unique number for the individual who is financially responsible for amounts owed. This may or may not be the patient.

4 myEasyMatch Code

A number unique to your document that allows us to identify your specific account and properly address your electronic delivery or payment needs. This can be a one time use number if an account is set up through the online portal.

5 Encounter Details


Details of each specific encounter, or instance of care, for the patient and the date(s) services were provided.

6 Financial Assistance

Information on how to obtain financial assistance.

7 Amount owed

Total amount owed for all accounts on the statement.



PO BOX 360 | FINDLAY, OH 45839-0360

Hospital Services

Billing Inquiries: 555-555-1234 or 555-555-1234
Office Hours:
Monday - Thursday 8:00am - 8:00pm CT
Friday 8:00am - 6:00pm CT

Addressee

JOHN DOE
1234 MAIN STREET
SPRINGFIELD MO 65804-1234

Pay Online

A fast, convenient way to manage your bill.
mysecurebill.com

Pay Online: mysecurebill.com
myEasyMatch Code: A-12345-6789-BCDE

Guarantor Number	Due Date	Amount Due	Amount Paid
123456	03/26/2019	\$350.29	\$

Please make checks payable and remit to:

LESTER E COX MEDICAL CENTERS
P.O. BOX 505398
ST. LOUIS, MO 63150-5398

myEasyMatch Code: A-12345-6789-BCDE Please detach and return top portion with payment.

Guarantor Number	Guarantor Name	Statement Date	Due Date
123456	JOHN DOE	03/05/2019	03/26/2019

Date	Service Description	Charges	Payments/ Adjustments	Patient Balance
Please Note: You may receive additional bills from other providers or medical specialists who assisted in your care.				
New Visits - CoxHealth Springfield				
01/29/2019	JOHN DOE -CXH Pain Management Insurance Payments/Adjustments Guarantor Payments/Adjustments	\$330.77	\$212.77 \$0.00	\$118.00
Balance Due:				
Previous Visit(s) and Balance(s)				
11/05/2018	CoxHealth Springfield JOHN DOE	\$23.00	\$1.00	\$22.00
12/03/2018	JOHN DOE	\$144.00		\$144.00
12/03/2018	JOHN DOE	\$46.00		\$46.00
12/03/2018	JOHN DOE	\$20.29		\$20.29
Previous Balance Due:				\$232.29

Mobile Quick Pay

Make a quick and easy payment online with your smartphone.

Use your camera to scan QR code.

FINANCIAL ASSISTANCE

CoxHealth also offers a financial assistance program. Our Patient Account Representatives can provide information about applications and enrollment for these programs. Please call the Patient Accounting Department at 417-269-0523 or go online at <https://www.coxhealth.com/FAP>.

AMOUNT DUE:

\$350.29

Contact Us

Contact the phone number listed on the upper section of your statement

www.coxhealth.com