

Understanding Your Statement

1  **Amount Due Upon Receipt**
\$764.98

2 **Guarantor Name:** Sbo Statement
Guarantor #: 7118

3  **Pay Online or in App with an Account**
Manage your bills, view your test results and more with the app or online at Account.AdventHealth.com

3  **Pay Online as a Guest**
Not interested in creating an account? Scan or go to Pay.AdventHealth.com and use the following information:
Guarantor #: 7118
Guarantor Last Name: Statement

4  **Pay by Phone or Check Your Balance**
Call 888-612-1493
Available (24/7) in both English and Spanish

4  **Financial Assistance**
AdventHealth offers financial assistance for qualifying patients. Visit FinancialHelp.AdventHealth.com or call 800-462-0490 to inquire.

5  **Paperless Billing**
More secure and kinder to the environment

5 **Important Messages**
This is your final notice for an unpaid medical bill. Your remaining balance is now past due for services provided by our health care organization. Failure to provide payment may result in the balance being referred to collections.

5 Any financial activity from your statement date forward will be reflected on your statement.

5 **Contact Us**
If you would like to request an itemized bill, establish a payment plan, inquire about financial assistance or if you have questions concerning an AdventHealth bill, please contact **AdventHealth Customer Service** at 855-241-2455 (855-AH1-BILL) or go to AdventHealth.com/pay-my-bill.

5 **Advisors are available:**
Monday - Friday: 8:00 am - 7:00 pm (EST)

5 **AdventHealth app users will receive statements online unless they have opted out. Login or call us to opt out of paperless billing.**

6 **Statement Details**

Statement Date	11/04/25
Total Patient Balance	\$764.98
Payment Plan Amount Due	\$0
Amount Due Not on Payment Plan	\$764.98

7 **Proposed Payment Plan Details**

Proposed Monthly Payment	\$
Proposed # of Payments	

8 **Statement, Sbo's visit to AdventHealth Orlando**
12/14/2020 - Account # 1370000000618

8 ****This account is not on a payment plan.**

Date	Description	Charges	Insurance Pmts/Adj	Patient Pmts/Adj	Patient Balance
	Operating Room Services-General Patient Payments Patient Adjustments Your Responsibility	\$3,618.00		-\$1,044.02 -\$1,809.00	\$764.98
	Outstanding Balance				\$764.98

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- 1** **Amount due:** The cost of services received.
- 2** **Guarantor name and number:** Showing who is responsible for payment.
- 3** **Ways to pay:** Pay online or in the AdventHealth app with an AdventHealth Account, pay online as a guest, or pay by phone.
- 4** **Financial assistance:** Information about financial assistance options available for qualifying patients.
- 5** **Customer Service:** Contact information, including our phone number and hours of operation.
- 6** **Statement details:** The statement date, total balance, payment plan amount due, and any amount not currently included in a payment plan.

- 7** **Payment plan details:** Including the monthly payment amount, remaining number of payments and remaining balance.
- 8** **Estimate:** Visit details where AdventHealth provided an estimate of patient responsibility. Note that final billed charges might differ from estimated charges. If you are on a payment plan, you will find additional details about your plan here.
- 9** **Visit details:** Itemized separately to make it easy to see the charges, insurance payments and adjustments, any patient payments and adjustments and remaining balance.
- 10** **Outstanding balance:** Total for the above itemized visits.

 **AdventHealth**

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