HealthPartners®
Central Minnesota Clinic

2251 Connecticut Ave. S., Sartell, MN 56377

HPT-736

CLINIC STATEMENT

For Billing Questions: 320-259-7356
TTY: 1-800-627-3529
Monday – Friday, 8 a.m. to 5 p.m.

☐ Check if payment, address/insurance changes are on back

Addressee

SAMPLE PATIENT
1234 MAIN ST
ALBERT LEA, USA 56007-5432

Quick Pay Now Available!
Fast, easy, and better for the environment.
Pay online today! No login required.
https://www.healthpartners.com/quickpay

INVOICE NUMBER	ACCOUNT NUMBER	DUE DATE	AMOUNT DUE
A	B	C	D
BALANCE FORWARD	**PAYMENTS SINCE LAST STATMENT**	**NEW CHARGES**	**AMOUNT PAID**
E	F	G	H

Please make checks payable and remit to:

HEALTHPARTNERS
PO BOX 77026
MINNEAPOLIS, MN 55480-7726

You may pay your bill online at https://www.healthpartners.com/quickpay. Please detach and return top portion with payment.

Account Number	Account Name	Statement Date	Due Date
I	J	K	L

Date	Service Description	Charges	Payments/Adjustments		Patient Balance
			Insurance	Patient	
M	N	O	P	Q	R

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MESSAGES
S

AMOUNT DUE: T

HEALTHPARTNERS | P.O. BOX 77026 | MINNEAPOLIS MN 55480-7726

- **A. Invoice Number:** A number that identifies this statement.
- **B. Account Number:** A number that identifies your account.
- **C. Due Date:** If you are on a Payment Plan, the date you agreed to when you set-up your Payment Plan will appear here. If you are not on a Payment Plan, you will see "Upon Receipt" in this box.
- **D. Amount Due:** Total account balance.
- **E. Balance Forward:** Unpaid balance that was billed on a previous statement (the difference between the previous statement balance and any payments that you've made).
- **F. Payments Since Last Statement:** *Any payments you have made since last statement.
- **G. New Charges:** Charges that have never appeared on prior statements.
- **H. Amount Paid:** This field will always be blank. If you mail your payment, please complete this box with the amount you're paying.

*Payments received and applied towards outstanding balance on/after statement date may not appear on current month's statement.

You will also find more helpful information on the back of your statement.

- **I. Account Number:** A number that identifies your account.
- **J. Account Name:** Your name.
- **K. Statement Date:** Date statement was printed and mailed.
- **L. Due Date:** Date payment should be received.
- **M. Date:** Date the service was received.
- **N. Service Description:** The name of the patient who received the service, and the location where services were received, and a description of new charges that have never been on a statement before. If there is a balance forward from a previous statement, it will also appear here.
- **O. Charges:** The billed charges for the service described in box N.
- **P. Insurance Payments/Adjustments:** Any payments or adjustments from insurance for the services described in box N.
- **Q. Patient payments/Adjustment's:** Any payments made by you. If an uninsured discount applies, it will appear here.
- **R. Patient Balance:** The amount you owe for the service described in box N.
- **S. Message Box:** Important messages regarding your account.
- **T. Pay This Amount:** Total account balance or monthly Payment Plan amount (if you are on a Payment Plan).