

We have a gift for our patients!

Family billing is coming soon.



You asked for simpler bills. We're happy to announce that for service dates after December 11, 2020, you'll receive one bill for your whole family.

This change:

- Saves time by reducing the number of statements to sort through
- Offers a clearer picture of a family's total amount owed
- Helps avoid the need to send multiple payments



Please turn this page over to
view an example.



Community
HealthCare System

NE Kansas

WWW.CHCSKS.ORG

Family billing offers a consolidated statement to the guarantor, or the person responsible for paying the bill.

Bill shows services and payments for each patient in the family (Fred and Alex ZZTest) on one statement.*

120 WEST 8TH STREET | ONAGA KS 66521-1699

PATIENT STATEMENT

For help with billing questions, please call:
 (785) 889-4274 ext 2101
 Toll Free: (800) 531-9151 ext 2101
 Office Hours: 8:00 am – 5:00 pm

Addresssee
 FRED ZZTEST
 120 W 8TH ST
 ONAGA KS 66521

IF PAYING BY CREDIT CARD, FILL OUT BELOW

CHECK CARD USING FOR PAYMENT VISA

CARD NUMBER: [REDACTED] EXP. DATE: [REDACTED]

SIGNATURE: [REDACTED] SECURITY CODE: [REDACTED]

Payment can be made online at www.chcsks.org

Statement Number	Due Date	Amount Due	Amount Paid
70106598	12/09/2020	\$133.00	\$

Please make checks payable and remit to:
 COMMUNITY HEALTHCARE SYSTEM
 PO BOX 460
 ONAGA, KS 66521-0460

Check if address/insurance changes are on back

Please detach and return top portion with payment.

Statement Number	Guarantor Name	Statement Date	Due Date
70106598	FRED ZZTEST	11/18/2020	12/09/2020

Date	Statement Number	Guarantor Name	Statement Date	Due Date
11/18/2020	70106598	FRED ZZTEST	11/18/2020	12/09/2020

Date	Service Description	Charges	Payments/Adjustments	Patient Balance
11/18/2020	Date of Service (11/18/20) FRED ZZTEST <i>Provider: CARROLL, CARL MD Loc: COMMUNITY HOSPITAL</i>			
11/18/2020	LAB CARD COLLECT FEE	\$15.00		
11/18/2020	DISCOUNT ADJUSTMENT		-\$3.00	
	VISIT TOTAL			\$12.00
11/16/2020	Date of Service (11/16/20) ALEX ZZTEST <i>Provider: ALLEN, DAVID Loc: HOLTON FAMILY HEALTH CLINIC</i>			
11/16/2020	OFFICE VISIT - ESTABLISHED PT, LEVEL 3	\$121.00		
	VISIT TOTAL			\$121.00

MESSAGES
 Our records indicate no insurance coverage for the visit above. Please call our business office with any insurance information, or pay the balance in full. Thank you.

Pay Online: www.chcsks.org

Total Charges:	\$136.00
Insurance Payments/Adjustments:	\$0.00
Patient Payments/Adjustments:	-\$3.00

AMOUNT DUE: \$133.00

COMMUNITY HEALTHCARE SYSTEM | 120 W. 8TH ST. | ONAGA, KANSAS 66521 | 785-889-4274 Ext. 2101

* This change does not apply to existing balances for dates of service before December 11, 2020.

Pay your bill online: Visit www.chcsks.org and click "Online Bill Pay" at the top of the page.

QUESTIONS?

CALL OUR BUSINESS OFFICE AT 785-889-4272
OR 1-800-531-9151 (CHOOSE OPTION 3)