


# We Are Excited About Our New Statements!

## Statement Example

We will show you a **quick summary** of what you owe.

**Would you prefer to send in a check?** Sure, but please remember to include the coupon. We'll take care of the rest.



P.O. BOX 3117  
Abilene, TX 79604-3117

TEST PATIENT  
9999 HWY 277 SOUTH  
ABILENE, TX 79563

**Account Summary**  
Guarantor Number 575757

Statement Date	11/14/2025
Total Charges	\$693.93
Total Insurance	(\$870.44)
Payments/Adjustments	
Patient	\$89.28
Payments/Adjustments	
Total Amount Due	\$89.28


Payment due by 12/9/2025

**Payment Options**

Please Pay This Amount  
**\$89.28**

View all options: [hendrickhealth.myonplanhealth.com/](https://hendrickhealth.myonplanhealth.com/)

Please detach and return bottom portion with your payment.



**Guarantor Number**  
575757

**Pay Online**  
[hendrickhealth.myonplanhealth.com/](https://hendrickhealth.myonplanhealth.com/)

If you would like to request a payment be applied to a specific account or date or service, please contact customer service at (325) 670-2437


- Include Guarantor Number on your check
- Make checks payable to:


73400400000005710000089287



**Current Total Amount Due**  
**\$89<sup>28</sup>**

**Important Message**  
Thank you for being a Hendrick Health patient. To update your contact or insurance information or for additional information about your account, call our business office at 1-800-670-0412. Any physician services received will be billed separately.

**Payment Methods**

 **Pay online**  
[hendrickhealth.myonplanhealth.com/](https://hendrickhealth.myonplanhealth.com/)

 **Pay by phone**  
(833) 403-6549

  Scan this QR code for quick access with smartphone

**Customer Service**  
Questions about your bill or payment plans? Call (325) 670-2437 or 1 (800) 670-0412 from 9 a.m. - 4 p.m. Monday-Friday. You can also email us at [businessoffice@hendrickhealth.org](mailto:businessoffice@hendrickhealth.org) or visit us at 4310 Buffalo Gap Rd, East Entrance from 8 a.m. - 5 p.m.

**Financial Assistance**  
If you're unable to pay your bill at this time, you may be eligible for financial assistance. For more information, please call (325) 670-4160 or email us at [businessoffice@hendrickhealth.org](mailto:businessoffice@hendrickhealth.org).

**Guarantor Name**  
TEST PATIENT

**Due Date**  
12/9/2025

**Minimum Amount Due** \$89.28

**Amount Enclosed**

Make a payment of \$89.28 to pay in full

HENDRICK HEALTH - HC  
P.O. Box 73400  
Dallas, TX 75373-4004

**Important to know information** that is easy to find.

Check out our easy **online bill payment** and **pay by phone** options.

Need to talk? **Give us a call!**

## Back of Statement Example

### General Information

Hendrick Health continually strives to contain costs, while maintaining our commitment to excellence in medical care, by ensuring that every appropriate effort is made to collect money owed to the health system for services provided.

### If You Have Insurance

Hendrick Health will send your bill directly to your insurance provider. The health system will send a statement to you that outlines your current account status, including insurance payments received and your balance due. If you have a balance due, payment is expected upon receipt of this bill.

### Billing Information

Hendrick Health provides a summary statement for your account. At the patient's request, an itemized statement will be provided. In an effort to keep patients informed of unpaid balances, Hendrick will send periodic statements that include all applicable co-payments, co-insurances, deductibles, and any non-covered services that are the responsibility of the patient and must be paid upon receipt of the bill. Payment may be made via cash, credit card, personal check, or money order.

### Health Insurance Coverage Through Healthcare.gov

If you are currently without health insurance or don't have qualifying health coverage, you can enroll in a Health Insurance Marketplace plan at [healthcare.gov](https://www.healthcare.gov). Hendrick offers enrollment guidance counselors to help you find a plan that's right for you and your family. To schedule an appointment with our enrollment guidance counselors or for more information, call 325-670-4031. If you experience certain types of life changes, you may qualify for a special enrollment period to enroll in a Health Insurance Marketplace plan. To enroll and for more information on health plans and requirements, visit [healthcare.gov](https://www.healthcare.gov).

### Financial Assistance Program

If you need assistance with your medical expenses, Hendrick Health complies with Public Act 107 of 2013 and 501 (r) defined by the IRS, by offering a Financial Assistance Program. Please contact the Financial Assistance Department at 325-670-4160 or [businessoffice@hendrickhealth.org](mailto:businessoffice@hendrickhealth.org) to see if you qualify for one on these programs. To view our Financial Assistance Policy or Application, visit [hendrickhealth.org/financialassistance](https://hendrickhealth.org/financialassistance).

### Contact Information Regarding Your Bill

If you have questions regarding your account, please contact a Customer Service Representative Monday through Friday from 9 a.m. – 4 p.m., at 325-670-2437 or 1-800-670-0412, or by email at [businessoffice@hendrickhealth.org](mailto:businessoffice@hendrickhealth.org). Please include your guarantor and account number when emailing.

### Professional Services

In addition to your Hendrick Health bill, you may receive bills related to the professional services provided. These bills are completely separate from your Hendrick Health bill, and you are responsible for paying these bills as well. These professional services may include your own physician, other physicians who conducted tests and procedures, consulting physicians chosen by your primary physician to read and interpret test results. These physicians may include specialists in anesthesiology, cardiology, emergency medicine, nuclear medicine, pathology, radiology, or urodynamics. If you have questions concerning these bills, contact the provider listed on the billing statement.

Important **financial assistance information** and **additional phone numbers** you may need are here.

If your address, name or insurance information has changed, please contact customer service at (325) 670-2437.

Your current balance due for services on 12/9/2025 is \$89.28. Please pay this amount in full.

Account Information

We've broken out each visit, so you can see charges, payments, as well as the amount due.

Accounts Not on a Payment Plan					
Date	Description	Charges	Insurance Pmt/Adj	Patient Pmt/Adj	Patient Balance
Account Number: 555555		Patient Name: TEST PATIENT		Location: GENERAL (MEDICAL)	
02/06/2024	72020 SPINE ANY SECTION 1 VIEW	\$693.93			
02/15/2024	32171 CNT ADJ-MCARE MANAGED CARE (CTOB)				
03/08/2024	12175 PMT-MCARE MANAGED CARE				
03/08/2024	32171 CNT ADJ-MCARE MANAGED CARE (CTOB)				
03/08/2024	32176 CNT ADJ-MCARE MANAGED CARE (ELEC)				
03/20/2024	12175 PMT-MCARE MANAGED CARE				
03/26/2024	6003 ADJ-SMALL BALANCE GVT (MANUAL)				
06/13/2024	8597 TRANSFER PAYOR TO PAYOR (SYS)				
06/13/2024	8597 TRANSFER PAYOR TO PAYOR (SYS)				
	Insurance Payment and Adjustments		-\$870.44		
	Patient Payment and Adjustments			\$89.28	
Account Subtotals		\$693.93	-\$870.44	\$89.28	\$89.28
Account (Non-Payment Plan) Totals		\$693.93	-\$870.44	\$89.28	\$89.28

# We Are Excited About Our Payment Plan Offerings!!

## Payment Plan Offer Statement Example

We will show you  
a **quick summary**  
of what you owe.

**Payment Plan  
option is here!**

**Important to  
know information**  
that is easy to find.

Check out our  
easy **online bill  
payment** and **pay  
by phone** options.

Need to talk?  
**Give us a call!**

**HENDRICK**  
HEALTH  
P.O. BOX 3117  
Abilene, TX 79604-3117

NEW PATIENT  
511 SUNSET RD  
BROWNWOOD, TX 76801

### Account Summary

Guarantor Number 333333

Statement Date	11/13/2025
Total Remaining Balance	\$945.85
Payment Plan Installment	\$105.10
Amount Due	\$945.85

Payment due by 12/07/2025 to activate your payment plan.

### Payment Options

<b>Pay Monthly</b> <b>\$105.10</b> 9 Payments	<b>OR</b>	<b>Pay In Full</b> <b>\$945.85</b> due upon receipt
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View all options: [hendrickhealth.myonplanhealth.com/](https://hendrickhealth.myonplanhealth.com/)

Please detach and return bottom portion with your payment.

**HENDRICK**  
HEALTH

Guarantor Number  
333333

Guarantor Name  
NEW PATIENT

Due Date  
12/07/2025

**Pay Online**  
[hendrickhealth.myonplanhealth.com/](https://hendrickhealth.myonplanhealth.com/)

If you would like to request a payment be applied  
to a specific account or date or service, please  
contact customer service at (325) 670-2437

- Include Guarantor Number on your check
- Make checks payable to:

73400400003381100000105107

Current Total Amount Due

**\$945<sup>85</sup>**

### Important Message

Thank you for being a Hendrick Health patient. You have been pre-qualified for a payment plan. Make your first payment by 12/07/2025 to activate your payment plan. To update your information or for additional info about your account, call 1-800-670-0412. Any physician services received will be billed separately.

### Payment Methods



**Pay online**

[hendrickhealth.myonplanhealth.com/](https://hendrickhealth.myonplanhealth.com/)



**Pay by phone**

(833) 403-6549



Scan this QR code for quick  
access with smartphone

### Customer Service

Questions about your bill or payment plans? Call (325) 670-2437 or 1 (800) 670-0412 from 9 a.m. - 4 p.m. Monday-Friday. You can also email us at [businessoffice@hendrickhealth.org](mailto:businessoffice@hendrickhealth.org) or visit us at 4310 Buffalo Gap Rd, East Entrance from 8 a.m. - 5 p.m.

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Minimum Amount Due \$105.10

Amount Enclosed

Make a payment of \$105.10 to activate a  
payment plan

HENDRICK HEALTH - HC  
P.O. Box 73400  
Dallas, TX 75373-4004



## Payment Plan Statement Example

**HENDRICK**  
HEALTH  
P.O. BOX 3117  
Abilene, TX 79604-3117

NEW PATIENT  
511 SUNSET RD  
BROWNWOOD, TX 76801

### Account Summary

Guarantor Number 333333

Statement Date	11/13/2025
Total Remaining Balance	\$945.85
Payment Plan	\$105.10
Installment	
Amount Due	\$945.85

Payment due by 12/07/2025 to activate your payment plan.

### Payment Options

Pay Monthly

**\$105.10**

9 Payments

View all options: [hendrickhealth.myonplanhealth.com/](https://hendrickhealth.myonplanhealth.com/)

Please detach and return bottom portion with your payment.



Guarantor Number  
333333

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- Include Guarantor Number on your check
- Make checks payable to:

73400400003381100000105107

Current Total Amount Due

**\$945<sup>85</sup>**

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Guarantor Name  
NEW PATIENT

Due Date  
12/07/2025

Minimum Amount Due \$105.10

Amount Enclosed

Make a payment of \$105.10 to activate a payment plan

HENDRICK HEALTH - HC  
P.O. Box 73400  
Dallas, TX 75373-4004

We'll provide a monthly statement (electronic or paper) to show you your **monthly payment due** and the **total amount you owe**.

# *Save time, pay online!*

## Our online payment experience allows:



**Easy access to all your hospital  
bills in one location, 24/7**



**Visibility into payment history  
& balance(s) owed**



**Digital ways to pay based on your  
preference —go paperless!**



Pay online today  
[hendrickhealth.myonplanhealth.com/](https://hendrickhealth.myonplanhealth.com/)