Henry Ford Rochester Hospital

Guarantor Name	Account Number	Statement Date	Payment Due
		10/03/2024	$69.98

Dear

Thank you for choosing Henry Ford Rochester Hospital. You have arranged an automated payment plan for your account. If you have new charges, please contact us to add those to your automated payment plan.

PAY IN FULL

Per our agreement on 01/23/2024 we will charge your credit card for a payment of $69.98, or less if the payment amount exceeds the total amount due, on 10/13/2024. No further action is required at this time.

PAYMENT PLANS

If you would like to cancel, modify, or discuss the possibility of adding an open account to your current automated payment plan, please contact us at **877-349-0056. Please note that changes to your automated payment plan must be made 24 hours prior to your Installment Plan Date.**

FINANCIAL ASSISTANCE

Henry Ford Rochester Hospital offers a Financial Assistance program to those who qualify. Applications and Financial Assistance Policy copies are available free of charge by calling **877-348-7072**, or by visiting our website at: **https://www.henryford.com/visitors/billing/financial-assistance**, or by mail at **1101 West University Drive, Rochester, MI 48307**.

An easier, more convenient way to pay

www.henryford.com/hospitalbill

Other ways to pay

Scan with mobile device to pay

Return payment stub below along with a check or credit card

Pay in person at any of our locations.

Please see second page for a detailed summary of your bill →

We are dedicated to retaining customer loyalty and providing the highest quality of care and service to our customers.

Detach this coupon and return with your payment. ☐ Check if address/insurance changes are on back.

HENRY FORD ROCHESTER HOSPITAL
Dept # 142093 PO Box 1259
Oaks, PA 19456

IF PAYING BY CREDIT CARD, FILL OUT BELOW. ☐ VISA ☐ ☐ ☐

IF AMOUNT PAID IS NOT INDICATED, PAYMENT WILL BE PROCESSED FOR THE CURRENT BALANCE

CARD NUMBER | EXP. DATE | AMOUNT

SIGNATURE

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
10/03/2024	$69.98	
PAYMENT DUE DATE	**SHOW AMOUNT PAID HERE**	
10/13/2024	$	

147591-CCPA-1

Pay online at www.henryford.com/hospitalbill

For On-Line "Bill Pay" through your bank, please use your Account Number

HENRY FORD ROCHESTER HOSPITAL
9250 RELIABLE PARKWAY
CHICAGO, IL 60686-0001

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