Adair County Health System
we surround you with care

PO Box 88520 - Sioux Falls SD 57109

Monday and Wednesday 8:00 AM-7:00 PM
Tuesday, Thursday, and Friday 8:00 AM-5:00 PM
TOLL-FREE: 1-800-888-2584

Pay your bill online at your convenience.
www.medplanpayments.com

Due to privacy laws; when calling please be prepared to provide the patient's date of birth, address, and Social Security Number.

▼ RESPONSIBLE PARTY ▼

Responsible Party may differ from Patient Name – Patient name (to your left) is person receiving service. Responsible Party is the one on the account that is responsible for paying bill – such as guardian or parent of child.

Account Information
Patient Name:
Account Number:
Service Date:
Total Charges:
Balance Due:

When calling for question please refer to account number from above.

▼ BILL FOR SERVICES ▼

DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT

Description will have detail information on what services you received.

Service date is above in the Account Information box.

Below: Adjustments (can be positive or negative) is a contractual adjustment based on agreements with insurance companies.

Due Upon Receipt

TOTAL CHARGES
TOTAL ADJUSTMENTS
TOTAL PAYMENTS
AMOUNT DUE

ACHS had made some significant changes with our software system that has caused a delay in receiving your statement. We apologize for this delay and ask that you be patient with us as we transition into our new system! Thank You!

Our records show that the balance due on this account is your responsibility. Please send payment in full for the balance due today. For your convenience, we also offer the option of paying over the phone by check or credit card through our automated payment system at no additional charge. If you have additional insurance information or are unable to pay the total balance at this time, please contact our office at the number shown above.

PLEASE remember that your co-pay is due at the time you are seen.
Your insurance company requires that we collect your co-payment. Thank you!

Refer to back for additional billing information

↓↓Please Detach and Return This Portion With Your Payment.↓↓

☐ If your address has changed, check this box and complete form on back.

Statement Date	
Account Number	
Balance Due	
Payment Amount Enclosed	

We accept payment by credit card, check, or money order. If paying by check, please make check payable to the Adair County Health System and include your patient account number on the check to ensure proper credit. You may also pay by phone or online at our web site listed above.

Credit Card Authorization (Please check one)

☐ MasterCard ☐ VISA ☐ DISCOVER

Credit Card Number | Exp. Date

Cardmember's Signature | $ Amount

Adair County Health System needs your feedback!! If you receive a customer questionnaire from a company named National Research Corporation regarding your recent visit to our hospital or one of our 3 medical clinics PLEASE fill it out and mail it back in. We would love to hear from you!

SEND PAYMENT TO ADDRESS BELOW:

ADAIR COUNTY HEALTH SYSTEM
MED-PLAN PAYMENT PROCESSING
PO BOX 88520
SIOUX FALLS SD 57109-8520

This address is Sioux Falls instead of Greenfield due to this is the company that does our payment processing.