

Henry Ford Health  
PO Box 7412280  
Chicago, IL 60674-2280



Statement Date: December 16, 2025  
Patient: Onethreethirtyfive Msudecoder  
Guarantor ID: 82011679  
Page 1 of 4

Onethreethirtyfive Msudecoder  
9572379 Epic Lane  
Novi, MI 48374

Amount Due:  
**\$250.00**

Payment is due by:  
**01/05/26**

*At Henry Ford, we put "each patient first", and are committed to providing our patients with quality healthcare and the best Henry Ford experience.*

Thank you for choosing Henry Ford Health. This statement reflects the balance that you owe for services received at one, or more, of our Henry Ford Health facilities. The detail of the services rendered and the amount you owe are included on the attached pages.

### Important Messages Regarding Your Accounts

Please submit payment of \$250.00 by January 05, 2026.

Paperless Billing	Pay Online	Pay by Phone
<i>Go to <a href="http://henryford.com/MyChart">henryford.com/MyChart</a> to sign up for Paperless Billing</i>	<b>Activation code: F4WV3-ZQ8NH-8KQ7H MRN #82011679</b>  <b>Pay in the My Chart app or go to <a href="http://henryford.com/MyChart">henryford.com/MyChart</a></b>	<b>24 Hour Automated Service 1-800-999-5829</b> <b>Representatives are available Monday - Thursday: 8am - 6pm Friday: 8am - 5pm</b>

Patient	Guarantor ID	Due Date	Amount Due	Amount Paid
Onethreethirtyfive	82011679	01/05/26	\$250.00	\$

- \* Make checks payable to Henry Ford Health
- \* Please include your Guarantor ID on the check
- \* Enclose this payment stub with your payment

Not signed up for My Chart? Use the QR code below



Or go to: [mychart.hfhs.org/Mychart/billing/guestpay](http://mychart.hfhs.org/Mychart/billing/guestpay)

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## General Information

### Identification Numbers:

Guarantor ID - represents the identification number of the person responsible for payment of the services rendered. This number is used for financial and billing correspondence.

MRN (medical record number) - represents the unique identification number of the patient.

Account Number - represents a specific encounter, visit, or hospital stay.

### Charges:

Medical Services - Charges for hospital or medical facility services such as procedures, diagnostic tests, lab, therapy, supplies, and drugs.

Physician Services - Charges for professional services rendered by physicians or other medical practitioners.

### Insurance & Patient Activity:

Insurance Activity - Payments made by your insurance to Henry Ford Health, and contractual adjustments that reflect the difference between the charge and the negotiated payment made by your insurance.

Patient Activity - Payments made by the guarantor to Henry Ford Health, and discounts applied to the patient's account.

### Explanation of Amount You Owe:

Deductible - The amount you are responsible to pay before your insurance will pay. Annual amount determined by your insurance plan.

Co-insurance - The portion of the payment that your insurance requires you to pay after meeting your annual deductible.

Co-payment - A fixed amount you are responsible to pay for a specific covered service. Co-payments are set by your insurance plan and will vary based on the type of service.

Non-covered services - A service that is not covered by your insurance, or is not a benefit of your specific insurance plan.

If your personal or insurance information has changed, please indicate changes below.

PERSONAL INFORMATION			INSURANCE INFORMATION		
NAME	DATE OF BIRTH		PRIMARY INSURANCE COMPANY		
ADDRESS			PRIMARY INSURANCE COMPANY ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
PHONE			POLICY HOLDER NAME		DATE OF BIRTH
EMAIL ADDRESS			POLICY HOLDER ID NUMBER		
EMPLOYER ADDRESS			GROUP PLAN NUMBER		
EMPLOYER CITY	EMPLOYER STATE	EMPLOYER ZIP CODE			

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### Statement Summary

New Services	\$250.00
Total Amount You Owe	\$250.00
Payments Not Applied	\$0.00
<b>Amount Due by 01/05/26</b>	<b>\$250.00</b>

### New Accounts

Date	Description	Charges	Insurance Activity	Patient Activity	Amount You Owe
Oct 20 2025	<b>Appointment Visit</b> MSU Health Care Physical Medicine and Rehabilitation Professional Services Provider: Mary Abraham, PA				Account #: 14287 Patient: Onethreethirtyfive No insurance on file
10/20/25	Office/OP Visit New Lvl 3	250.00			
	<b>Amount You Owe</b>				<b>\$250.00</b>
	<b>Totals for New Accounts</b>		<b>250.00</b>	<b>0.00</b>	<b>\$250.00</b>

**Total Amount Owed: \$250.00**

**Amount Due by 1/5/2026: \$250.00**

We are committed to providing information to patients who may need financial help to pay their medical bills. For more information or to obtain a free copy of our Patient Financial Assistance Program Policy or Application, please call the telephone number or visit the website listed below.

نحن ملتزمون بتقديم المعلومات للمرضى الذين قد يحتاجون لمساعدة مالية لسداد الفواتير الخاصة بهم. ولزيادة من المعلومات حول سياسة برنامج تقديم المساعدات المالية للمرضى أو الطلب، أو للحصول على نسخة مجانية منها، يرجى الاتصال بالرقم المأتفق أو زيارة الموقع الإلكتروني المدرج أدناه.

Nuestro compromiso es proporcionarles información a los pacientes que podrían necesitar ayuda financiera para pagar sus facturas médicas. Para obtener más información o para obtener una copia de la solicitud o de la política de nuestro Programa de Ayuda Financiera al Paciente, llame al número de teléfono o visite el sitio web que se indican a continuación.

Telephone: 1-800-999-5829 Website: [www.henryford.com/FinancialAssistance](http://www.henryford.com/FinancialAssistance)

Plain Language Summary: <https://www.henryford.com/visitors/billing/financial-assistance/documents>

Henry Ford Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Let the health care team know if you need an interpreter. Henry Ford Health provides language assistance services free of charge. For questions or additional information, email [CommunicationAccess@hfhs.org](mailto:CommunicationAccess@hfhs.org)

Henry Ford Health cumple con las leyes federales vigentes de derechos civiles y no discrimina con base en la raza, el color, el país de origen, la edad, la discapacidad o el sexo. Informe al equipo de atención médica si necesita un intérprete. Henry Ford Health ofrece servicios de asistencia de idioma sin costo alguno. Si tiene alguna pregunta o necesita información adicional, envíe un correo electrónico

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a CommunicationAccess@hfhs.org

يُمثل نظام Henry Ford Health System لقوانين الحقوق المدنية الفيدرالية المادية ولا يُنفِّذ على أساس العرق أو اللون أو الأصل القومي أو السن أو الإعاقة أو الجنس. يُرجى إخبار فريق الرعاية الصحية إذا كنت تحتاج إلى مترجم فوري. يوفر نظام Henry Ford Health System خدمات المساعدة اللغوية مجانًا لاستفسارات أو المعلومات الإضافية، أرسل بريداً إلكترونياً إلى CommunicationAccess@hfhs.org.

**Website:** [www.henryford.com/visitors/expect/communication](http://www.henryford.com/visitors/expect/communication)