KOHALA HOSPITAL

HCG-1000

PO BOX 29620 | Honolulu HI 96820-2020

Due date -This is when payment is due by

Statement Date- Date statement was sent out

Amount Due
$254.27

Amount due after Insurance

Summary of Activity

Statement Date	08/07/2024
Due Date	09/06/2024
Guarantor	SAM S SMITH
Master Account Number	1111111
Primary Insurance	
Secondary Insurance	
Total Charges	$3,843.00
Insurance Payments/Adjustments	$0.00
Patient Payments	$0.00

Amount Due **$254.27**

Amount Due After Insurance

We appreciate your business!

Thank you for choosing our facility for your medical needs. Your account has completed processing and there is a current balance due. We would appreciate payment in full by the due date above. For uninsured patients or if there are extenuating circumstances please contact our Patient Accounting office at the number listed below for further assistance.

Manage Your Account

Pay By Phone or have Questions?
Monday-Friday 8am-5pm HST
808-867-9283

Payment Portal Link

Online Bill Pay
Make a safe, secure payment online!
https://personapay.com/koh

Mobile QR
Make an instant payment with your smartphone. (Use the camera or

Scan code to make a payment

KOHALA HOSPITAL

3260 Hospital Dr.|Juneau, AK 99801

PATIENT STATEMENT

Have questions about your bill?
Call us: 808-867-9283

Call this number if you have any questions regarding your statement

ADDRESS

SAM S SMITH
PO Box 551707
Kapaau HI 96755-1707

Master Account	1111111
Due Date	09/06/2024
Amount Due	$254.27
Amount Paid	$_____

Guarantor Account number please refer to this number when calling or making a Payments

napay.com/koh

MAKE CHECKS PAYABLE AND REMIT TO:

Kohala Hospital
PO BOX 29620
Honolulu HI 96820-2020

Please remit payments to this Address

KOHALA HOSPITAL

Total balance after insurance

Total balance before Insurance

Date of Service

Account Age

Date	Service Description	Account Status	Charges	Insurance Pay/Adj	Patient Payments	Patient Balance
	Sam S Smith *Account #222222222*					
6/1/23	Emergency	120+ Final Notice	$1,428.00	$0.00	$0.00	$106.85
	Account #333333333					
12/21/23	Emergency	120+ Final Notice	$2,415.00	$0.00	$0.00	$147.42

Encounter number

Reason for visit

We appreciate your business!

Any accounts with “120+ Final Notice” in the Account Status table are under consideration for processing to a collection agency. Please pay these balances promptly, or call our Customer Service Department at the number on the front page for additional assistance concerning these accounts.

We provide financial assistance to eligible low-income and uninsured patients. If you are unable to pay your bill, please contact a Patient Financial Counselor at the contact information listed on the front of this statement. We will review your financial situation to determine if you are eligible.

Your health insurance carrier may send you an EOB (Explanation of Benefits) explaining payments, adjustments, and any balance due by you. If you have not received an EOB within thirty days from the date of service, please contact your health insurance company.

To update address/Insurance please fill out below and return or give us a call at the number above

Change of Address

Name (Last, First, Middle Initial)

Address

City State ZIP

Telephone

Account Numbers on this Statement:

222222222, $106.85; 333333333, $147.42;

Primary Insurance Updates

Primary Insured Name

Primary Insurance Name Effective Date

Primary Insurance Street Address

City State ZIP Telephone

Employer Name Group Number

Subscriber ID # Policyholder’s Date of Birth

Secondary Insurance Updates

Secondary Insured Name

Secondary Insurance Name Effective Date

Secondary Insurance Street Address

City State ZIP Telephone

Employer Name Group Number

Subscriber ID # Policyholder’s Date of Birth