

STATEMENT DATE: March 22, 2024



GUARANTOR ACCOUNT NUMBER		GUARANTOR NAME
[REDACTED]		Kayla N Casto
Mon-Fri 8AM-5:00PM CST	Questions about your bill? Please call, (405) 217-3106 or (800) 348-5209	<b>AMOUNT DUE:</b> <b>\$2,191.00</b>

Upon Receipt

Please pay all outstanding patient balances with their current status on the reverse side of this notice.

Please pay this amount: \$2,191.00

**IMPORTANT MESSAGE**

**NOTICE:** If payment in full or acceptable payment arrangements are not made by the due date, these accounts will be turned to collections and will affect your credit.

**NOTES:**

Some patient services are provided at Norman Regional Health System. You may receive separate bills from additional providers who assisted with your care.

**PAYMENT OPTIONS**

Pay your bill online at [www.normanregional.com](http://www.normanregional.com)

Pay by Phone by calling (405) 217-3106

You can also enroll in paperless billing at [www.normanregional.com](http://www.normanregional.com)

**PAYMENT PLANS:**

Norman Regional Health System offers a variety of interest-free payment plan options with up to 36-months for repayment.

**CHARITY CARE FINANCIAL ASSISTANCE:**

Norman Regional Health System provides patients with option to pay for health care services provided to them at our facilities. The Financial Assistance Charity Care Policy is a program for patients who meet federal guidelines for poverty levels.

Financial Assistance applications will be reviewed and assessed based on income, assets, and family size. Financial Assistance is not available for any cosmetic or self-pay package accounts. It is the responsibility of the patient to establish their eligibility for the program discount.

**To obtain an itemized statement of your charges, please contact (405) 217-3106**

For assistance please call: Patient Financial Services  
Call (405) 217-3106 or (800) 348-5209  
8AM – 5PM, Monday – Friday  
[www.normanregional.com](http://www.normanregional.com)

Thank you for choosing Norman Regional Health System for your health care needs.



Account Number	Date of Service	Amount
[REDACTED]	10/23/23	2,191.00
	ADDITIONAL CHARGES	0.00
	<b>TOTAL AMOUNT DUE</b>	<b>2,191.00</b>

Pay your bill online at [www.normanregional.com](http://www.normanregional.com)

Pay your bill online at [www.normanregional.com](http://www.normanregional.com)

Pay to the order of:

[REDACTED]

Kayla N Casto

[REDACTED]

**MAKE CHECKS PAYABLE AND REMIT TO:**

Norman Regional Health System  
Patient Financial Services  
P.O. Box 441188  
Aurora, CO 80044-1188

