

Guarantor Name	Statement Date	Payment Due Date	Payment Due	
	2/11/2019	Due Upon Receipt	\$143.00	
NECESSARY NEXT STEP				
Pay On	ine Make a secure online p	Make a secure online payment at www.gshvin.org		
Mail Paym	ent Mail your payment with	Mail your payment with the payment coupon below		
Discuss Payment Option	ons Call 812-885-3325 to	discuss financial assistance and/or paym	nent options	

Thank you for your prompt payment. If you have any questions concerning this statement please contact our billing office at 812-885-3325 or 888-728-2228(toll free) Monday through Friday 8:15am - 4:30pm EST. Online bill pay is available through www.gshvin.org

If you have a payment plan and you incur additional self-pay balances, you must call customer service at 812-885-3325 and have the account added to your existing payment plan.

> Drive-Up Window is Open Monday through Friday 7am-5pm. Drop Box Available 24/7 at Drive-up Window.



PAY ONLINE AT www.gshvin.org



1160 East St Clair Street Vincennes, IN 47591 RETURN SERVICE REQUESTED

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VISA □ VISA orićeye# __add □ DISCOVER MASTERCARD Card Number **Expiration Date** Patient Account # 1585268 Name on Card \$143,00 Balance Due Payment Amount Signature

IF PAYING BY CREDIT CARD, PLEASE FILL OUT BELOW

Make checks payable to Good Samaritan and reference your patient account

Please remit payments to:

Good Samaritan Hospital 1160 East St Clair Street Vincennes, IN 47591