

AGENDA ITEM FOR ADMINISTRATIVE MEETING

() Discussion only
(X) Action

FROM (DEPT/ DIVISION): Douglas R. Olsen
County Counsel

SUBJECT: Community Corrections Payable

<p>Background: Approval is sought for payment for medical services for a Community Corrections client housed at the jail. The payable is before the Board due to the amount.</p>	<p>Requested Action: Approve payable to St. Anthony Hospital in the amount of \$15,579.92</p>
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ATTACHMENTS: Payable

*****For Internal Use Only*****

Checkoffs:

- () Dept. Head (copy)
- () Budget (copy)
- () Fiscal
- (X) Legal (copy)
- () (Other - List:)

To be notified of Meeting:
Dale Primmer

Needed at Meeting:

Scheduled for meeting on: November 8, 2023

Action taken:



PO Box 1259
Dept # 141529
Oaks, PA 19456



MAY 31 2023

Handwritten signature



4700 NW PIONEER PL
PENDLETON OR 97801-9038

0006 007742

Account Summary

Statement Date	05/21/2023
Patient Name	
Account Number(s)	X031170152
Date(s) of Service	12/15/2022
Total Charges	\$21,053.95
Insurance Payments	\$0.00
Patient Payments	\$0.00
Total Adjustments	-\$5,474.03
Amount You Now Owe	\$15,579.92
Pay Monthly (See below for options)	\$580.99

Please see reverse side for further information

Let Us Help: You can start a monthly payment plan.

You have been pre-qualified for a payment plan with CHI St. Anthony Hospital (Pendleton, OR). **Simply make your first payment by 06/15/2023 to activate your 27 month payment plan.**



Pay Monthly

27 Payments

\$580.99

OR



Pay In Full

\$15,579.92

Includes \$3.95
Service Fee

To Get Started and View More Options



Go to chi-pnw.myonplanhealth.com to login to your account

You must make your first payment by 06/15/2023 to activate your payment plan - Please act now.

Contact Us:

Questions About Your Bill: 833-784-5419

You may be eligible for financial assistance. For more information please call 844-286-5546 or go to: <https://www.sahpendleton.org/patients-and-visitors/financial-assistance/>

Please detach and return with your payment.



Patient Name

Account #
X031170152

Due Date
06/15/2023

- Pay installment of \$580.99**
By paying monthly, I agree to the terms located at chi-pnw.myonplanhealth.com
- Pay in full \$15,579.92**

Please check box if address above is incorrect or insurance information has changed, and indicate change(s) on reverse side.

IF PAYING BY MASTERCARD, DISCOVER, VISA, OR AMERICAN EXPRESS, FILL OUT BELOW	
<input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS	AMOUNT PAID HERE
CARD NUMBER	EXP. DATE (E.G. 11/19)
CARDHOLDER SIGNATURE	SECURITY CODE
CARDHOLDER NAME (please print)	CARDHOLDER PHONE #

To Pay by Mail

- ✓ Include your account number on your check
- ✓ Make checks payable and remit to:

CHI St. Anthony Hospital
PO Box 31001-1240
Pasadena CA 91110-1240



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