

Thank you for choosing WVU Medicine providers for your health care. We recently transitioned to a new statement that combines both hospital (services received at hospital locations) and professional (services related to a doctor or physician).

- 1 Amount Due** - The amount due now includes balances for both hospital and professional charges.
- 2 Account Name** - Name of person who is responsible for the bill.
- 3 Guarantor Number** - The Guarantor Number assigned to the person responsible for the bill.
- 4 Statement Date** - Date of your statement. If you have any questions, contact customer service at **855.778.2922**.
- 5 Payment Due Date** - The date payment is due.
- 6 Payment Options** - These are the payment options that are available to you.
- 7 Due Date** - The date payment is due. If you are unable to pay in full by this date, go to **MyWVUChart** or call **855.778.2922** to arrange a payment plan that works for you.
- 8 Make Checks Payable and Send To** - WVU Health System and address where payments should be mailed to.

**AMOUNT DUE**  
\$1,770.03

**DUE DATE**  
7/28/2021

Hi Sheri! This is your WVUMedicine bill.

Thank you for choosing WVU Medicine. The balance is your responsibility. Please remit payment now or contact us to inquire about a discount or financial assistance.

**Your Next Step** > Make Payment with options below

**MAKE PAYMENT IN FULL**

Please pay your balance at MyWVUChart.com, call 1-855-778-2922, or return payment with the coupon below.

**SET-UP PAYMENT PLAN**

Go to MyWVUChart.com, call 855.778.2922 to arrange a payment plan that works for you.

**FINANCIAL ASSISTANCE**

You may be eligible for financial assistance if you meet certain income guidelines. For more information, please go to MyWVUChart.com/MyChart/FinancialAssistance or visit our website at www.wvumedicine.org/bill-pay/financial-assistance.

All correspondence not related to account payment should be sent to:  
West Virginia United Health System, Inc.,  
ATTN: PFS Correspondence,  
PO Box 8031 Morgantown, WV 26506-8031

**WVU Medicine**

PO Box 896 Morgantown, WV 26507

**Consolidated Billing Statement**

Don't have a MyChart account? Pay here:  
mywvuchart.com/MyChart/billing/guestpay

ADDRESSEE:

SHERI PATIENT  
100 ANYWHERE STREET  
MORGANTOWN, WV 26505

Guarantor Number: 100000000

Statement Date: 07/07/07

**Please pay this amount by 7/28/2021: \$1,770.03**

Amount enclosed:

MAKE CHECKS PAYABLE AND REMIT TO:

**WVU HEALTH SYSTEM**  
PO BOX 896  
MORGANTOWN, WV 26507-0896

**Account Information**

**2** Name: Sheri Patient

**3** Guarantor Number: 100000000

**4** Statement Date: 7/7/2021

**5** Payment Due Date: 7/28/2021

**5** MyChart Account Code: 123456789-AB-12

**My healthcare. My billing. MyChart.**

Pay your bill, make appointments, and more.

Also available on MyChart Mobile!

Scan code with a QR reader on your smartphone to pay as Guest on MyWVUChart.com

## Important Information about your current Payment Plan

Payment plans that were previously set up may need to be modified in order to combine them in a single plan. Your monthly payment for professional and hospital services should not change, but will be consolidated into a single payment. If you have any questions or concerns about your new payment plan, please contact customer service at **855-778-2922**. If you need to contact us outside of normal business hours, please message us through **MyWVUChart** by sending a Customer Service message. Our staff will respond 2-3 business days.

If you had Auto Pay set up on your payment plan, it may need to be disabled. You can reactivate Auto Pay either through My WVU Chart at [www.mywvuchart.com/MyChart/Billing/Summary](http://www.mywvuchart.com/MyChart/Billing/Summary) or by contacting customer service at **855-778-2922**.