

AGENDA ITEM FOR ADMINISTRATIVE MEETING

() Discussion only
(X) Action

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

SUBJECT: Jail Payable

<p>Background: Approval is sought for a payable for medical services for an inmate at the jail. The payable is before the Board for approval due to the amount.</p>	<p>Requested Action: Approve payable to CHI St. Anthony Hospital in the amount of \$6,563.80</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:
Capt. Kenny Franks, Lt. Dustin Erickson,
Lora Franks
- Needed at Meeting:
Capt. Kenny Franks and/or Lt. Dustin Erickson

Scheduled for meeting on: November 9, 2022

Action taken:

UMATILLA COUNTY PAYMENT REQUEST

PEID - AC	8580-09	call Finance for PEID #
NAME	ST ANTHONY HOSPITAL	
ADDRESS		
ADDRESS	PO BOX 31001-1240	
CITY, STATE, ZIP	PASADENA, CA 91110-1240	

AUTHORIZATION-APPROVAL

DEPARTMENT			DATE PAID
CFO	SIGNATURE IF OVER \$3,000		
BOARD	DATE - ATTACH APPROVAL		CHECK NUMBER
SUBMITTED	10/19/2022		RETURN - HOLD

AMOUNT	ACCOUNT #	DESCRIPTION	INVOICE NUMBER	INVOICE TOTAL	INVOICE DATE	FINANCE CODES
\$8,870.00	1540-55030	Inmate	X030728687	\$6,563.80	02/22/22	
-\$2,306.20	1540-55030	total adjustments	X030728687disc			
\$6,563.80		PAGE TOTAL				
\$6,563.80		GRAND TOTAL				

Office Use: Pretravel Auth rec: _____ Contract Reviewed: _____ Routine: _____

Office Use: Tax ID Reviewed: _____ Quotes: _____ Bids: _____



Handwritten initials/signature in red ink.

Account Summary

Statement Date	09/11/2022
Patient Name	
Account Number(s)	
Date(s) of Service	
Total Charges	\$8,870.00
Patient Payments	\$0.00
Total Adjustments	-\$2,306.20
Amount You Now Owe	\$6,563.80
Pay Monthly (See below for options)	\$316.52

Please see reverse side for further information



4700 NW PIONEER PL
PENDLETON OR 97801-9038

0003 002606

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 10/06/2022 to activate your 21 month payment plan.



Pay Monthly

21 Payments

\$316.52 OR

Includes \$3.95 Service Fee



Pay In Full

\$6,563.80

Please detach and return with your payment.



Patient Name	Account #	Due Date
ROCHELLE ANN COX	X030728687	10/06/2022

- Pay installment of \$316.52**
By paying monthly, I agree to the terms located at chi-pnw.myonplanhealth.com
- Pay in full \$6,563.80**

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

To Get Started and View More Options



Go to chi-pnw.myonplanhealth.com to create an account and enter your Access Code

Access Code: PW-CDG1-SDXR-SH

You must make your first payment by 10/06/2022 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/>

IF PAYING BY MASTERCARD, DISCOVER, VISA, OR AMERICAN EXPRESS, FILL OUT BELOW	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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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