

Introducing your new statement

We are changing our statements as of Sept. 28, 2024, to provide you with your billing information in a way that is clear and easy to understand.

What's Changing:

- **ONE STATEMENT** – You will get ONE billing statement that combines your balances from hospital charges, professional (doctor) charges and any payment plans you have set up into one balance.
- **ONE PAYMENT** – You can make ONE payment for hospital and professional balances online, by phone or by mail.

What to Expect:

- New statement design – see the next page or refer to our MyChart by Hawai'i Pacific Health® Frequently Asked Questions online at <https://mychart.hawaiipacifichealth.org/faq/>
- Pay online by scanning the QR code on your new statement and save a stamp!
- One balance and one button to pay in MyChart.
- One payment plan with one amount and one due date if you have a payment plan.
- One address to mail in payment: P.O. Box 30660, Honolulu, HI 96820

More Convenience:

Make it even easier with a **MyChart account** and **paperless statements**.

- View your account balance and statements at any time.
- Keep all your statements secure in one place.

Get Started:

- Sign up for a MyChart account using the code on your new statement.
- Turn on paperless statements in MyChart by selecting Billing Summary and clicking the green leaf to sign up for paperless billing.



Save time while you save paper! Sign up for paperless billing (available for Hawai'i Pacific Health accounts only).

For more information or help with your statement, message us in MyChart or call Customer Service.

- O'ahu: 808-522-4013
- Kaua'i: 808-245-1119
- Toll Free: 1-866-266-3935
- Monday-Friday, 8 a.m.-4:30 p.m.



Understanding Your Statement

HAWAII PACIFIC HEALTH

KAPI'OLANI
PALI MOMI
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CREATING A HEALTHIER HAWAII

1 Payment Options

All the ways you can pay your bill and get help are listed here.

Tip: Use the QR code to access your MyChart account. Pay online and save a stamp!

2 Payment Information

This shows the total amount you owe on your bill.

3 Important Message for You

This shows the status of your account.

4 Mailbox Address

Use this address to mail payments.

5 Account Details

You can find the details of your hospital and professional accounts in one place. Accounts are listed in this order:

- New accounts (since last statement)
- Past due accounts
- Accounts on a payment plan (if applicable)

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Customer Service: Oahu: 808-522-4013
Kauai: 808-245-1119 Toll Free: 1-866-266-3935

Guarantor Number: 900000000
 Guarantor Name: Sample Patient
 Patient Name: Sample Patient
 Medical Record #: 123456
 Statement Date: 09/09/24
 Page Number: 1 of 3

1 PAYMENT OPTIONS

1 Pay Online (Quick, Easy & Secure from any device)
<https://MyChart.HawaiiPacificHealth.org>

MyChart Scan this QR code with your smartphone for quick access

To sign up for MyChart
Activation code: 2KW5D-T9GC6

To use MyChart Guest Pay:
Guarantor ID: 900000000 Last Name: Patient

Pay by Phone 24/7
Call Customer Service numbers listed below, Option 0

Pay by Mail
Return the bottom portion with payment

Financial Assistance
Learn more
<https://HawaiiPacificHealth.org/FAPProgram>

Customer Service
Monday-Friday 8:00am-4:30 pm
Oahu: 808-522-4013 Kauai: 808-245-1119
Toll Free: 1-866-266-3935

2 PAYMENT INFORMATION

Guarantor Number 900000000

Please pay by 09/27/24

Pay this amount \$319.09

3 Please pay balance(s) by the due date.

Check box if your coverage or personal information has changed. Please note change on back. PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT

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PO Box 30660
Honolulu, HI 96820-0660

ADDRESS SERVICE REQUESTED

GUARANTOR #	STATEMENT DATE	PAYMENT DUE DATE	PATIENT BALANCE DUE
900000000	09/09/24	09/27/24	\$319.09

PATIENT NAME: Sample Patient

IF PAYING BY CREDIT CARD, CHECK THE APPROPRIATE CREDIT CARD BOX AND FILL OUT BELOW

Mastercard Visa AMEXP Discover JCB

CARD NUMBER	AMOUNT

SIGNATURE	EXP DATE

MAKE CHECKS PAYABLE TO:

4 HAWAII PACIFIC HEALTH
PO BOX 30660
HONOLULU, HI 96820-0660

Sample Patient
PO Box 123
Honolulu, HI 96813

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5 New Account(s)

Hospital Account Details		Patient Name: Sample Patient	Account #: 63027
Hospital: Straub Benioff Medical Center			
Service Date(s): 04/18/24-04/18/24			
Date	Description	Charges	Pmts/Adjs Patient Bal
	Laboratory	\$426.00	
	Emergency Room	\$1,745.00	
	Drug/Detail Code	\$28.60	
	Other Therapeutic Svcs	\$166.00	
05/03/24	HMSA Insurance Payment		-\$1,228.38
05/03/24	HMSA Contractual Adjustment		-\$830.13
Totals		\$2,365.60	-\$2,058.51 \$307.09
Physician Account Details		Patient Name: Sample Patient	Account #: 464124
Provider: Watana Dept: Emergency Department - Straub Benioff Medical Center			
Date	Description	Charges	Pmts/Adjs Patient Bal
04/18/24	Emergency Visit E/M Mod Lvlmdm	\$295.00	
04/26/24	HMSA Insurance Payment		-\$169.38
04/26/24	HMSA Contractual Adjustment		-\$113.62
Totals		\$295.00	-\$283.00 \$12.00
Outstanding Balance			\$319.09