


Introducing your new statement

At Scripps Health we continually strive to improve services to our patients. We have recently transitioned to a new consolidated billing statement. We hope you like our new look!

- 1 Statement Summary**
 Summary of all charges, payments and adjustments for this account.
- 2 Amount Due**
 Total amount owed for all accounts on the statement.
- 3 Guarantor Number**
 The unique number for the individual who is financially responsible for amounts owed. This may or may not be the patient.
- 4 Payment Options/Message**
 These are the payment options that are available to you, in addition to your Financial Assistance Application information.
- 5 Message**
 An important message from the Scripps Health team to our patients.
- 6 Remit Address**
 This is the address for payments sent by mail.



Amount Due:
\$87.00

Your Account Summary 1

Statement Date:	08/02/2023
Payment Due Date:	08/23/2023
Responsible Party:	John Doe
Guarantor ID#: 3	0000000
Total Charges	\$373.43
Insurance Payments/Adjustments:	-\$286.43
Adjustments:	\$0.00
Primary Insurance:	Blue Cross N/A
Secondary Insurance:	


Amount Due: \$87.00

MESSAGES 5

Please note that financial assistance, including payment plans and charity care are offered by Scripps. For general billing questions and payment plans, please call 877-727-4777 (877-SCRIPPS).

Online Bill Pay

A fast, convenient way to manage your bill



MyScripps.org


Your Payment Options 4

Pay Online
To make a payment online, please visit: MyScripps.org

Pay by Phone
Easy phone payments at your convenience. 1-877-SCRIPPS (727-4777)

If Applied, Financial Assistance:

Application Sent:	N/A
Decision Date:	N/A
Status:	N/A



10790 Rancho Bernardo Road 4S-303 San Diego, CA 92127

Summary Billing Statement

Have questions about your bill?
 Call us: 1-877-SCRIPPS (727-4777)
 Hours: Mon - Fri, 8:15 a.m. - 4:30 p.m.

ADDRESSEE:

JOHN DOE
1234 MAIN ST
EL CAJON CA 92019-1234

Guarantor ID#:	0000000
Due Date:	08/23/2023
Amount Due:	\$87.00
Amount paid:	\$ _____

6 MAKE CHECKS PAYABLE AND REMIT TO:

SCRIPPS HEALTH
PO Box 748967
Los Angeles CA 90074-8967

Contact Us

We invite your feedback and questions.

MyScripps.org