

Guarantor number: 1234567  
 Responsible party: Firstname Lastname  
 Statement date: June 11, 2018

## Thank you for choosing Children's Hospital Colorado

Please submit payment of **\$200.00** by **June 25, 2018** or call Patient Financial Services at **720-777-6422** if you would like to make payment arrangements.

### Account Summary

Previous Statement Amount	0.00
New Services	974.40
Insurance Paid	-774.40
You Paid	0.00
<b>Your current balance</b>	<b>\$200.00</b>

**Amount due by  
June 25, 2018** **\$200.00**

### Pay Your Bill Online



The easiest way to view your statements, make payments, schedule appointments, and more!

[mychart.childrenscolorado.org](http://mychart.childrenscolorado.org)

**Activation code: ABC123**

Not interested in signing up for MyChart?

Use this info for Guest Pay:

**Guarantor ID: 1234567 Name: Lastname**

### Pay by Mail



Complete the form below and return in the enclosed envelope.

### Pay by Phone



Call 720-777-6422 to pay by credit or debit card.  
 8 a.m. to 4:30 p.m. Monday, Tuesday, Thursday, Friday  
 9 a.m. to 4:30 p.m. Wednesday

*Detach the bottom portion to return with your payment.*



13123 East 16th Avenue  
 Aurora, CO 80045

You Owe  
**\$200.00**

Due By  
**June 25, 2018**

Amount Enclosed

\$

Guarantor Number: 1234567  
 Bill Date: June 11, 2018

Pay Online at [mychart.childrenscolorado.org](http://mychart.childrenscolorado.org)

Pay By Phone at 720-777-6422

Pay By Mail Make checks payable to:  
 Children's Hospital Colorado  
 PO Box 911611  
 Denver, CO 80291-1611

Questions? Call 720-777-6422  
 or E-mail [pf@childrenscolorado.org](mailto:pf@childrenscolorado.org)

Addressee

Firstname Lastname  
 123 Main St  
 DENVER CO 80207

My address or insurance information has changed. I have written these changes on the back of this form.