



Guarantor Name: Hans Wirt

Guarantor ID: [REDACTED]

Summary (as of 1/28/2025)

Total Charges: \$95,523.73
Insurance & Adjustments: - \$17,949.29
Previously Paid: - \$0.00

AMOUNT DUE

Upon Receipt

\$77,574.44

Your Statement

Thank you for choosing Monument Health for your healthcare needs. At Monument Health, we're committed to you, your health, your wellness and providing the best care possible for you & your loved ones. If you have any questions regarding this billing statement, please call the Customer Service Department at [REDACTED]. Our caregivers are available to assist you Monday-Friday 8am to 4:30pm. Language assistance is available, if needed. Please note physician services may be billed separately.

Payment Arrangement Required

Partial payments made towards your outstanding balance will not stop the collections process unless you have made a payment arrangement with us. If you are unable to pay in full, please call our caregivers at [REDACTED] to set up a plan.



Pay and Enroll in Paperless Billing:
<https://mychart.monument.health>



Make Payments Securely

Set Up Automatic Payments

Enroll in eStatements

A Message from your Health Care Provider:

Monument Health may use text messages to communicate information regarding your account to the number that we have on file for you. You can opt out of these communications any time by replying "stop." Please visit <https://mychart.monument.health> to update your communication preferences.

Financial Assistance

If you feel you are unable to pay all or part of your bill, you may qualify for financial assistance. Information and applications are available at www.monument.health or by calling [REDACTED]

Detach this coupon and return with your payment ☐ Check if address/Insurance changes are on back.



[REDACTED]
RAPID CITY, SD 57709



Pay and Enroll in Paperless Billing:
<https://mychart.monument.health>

Pay by Phone: [REDACTED]

| IF PAYING BY DEBIT/CREDIT CARD | | |
|--------------------------------|---|------------------|
| Card Number | Card Type (Circle One) <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover | |
| Name on Card | Exp Date | |
| Signature | Zip Code | |
| STATEMENT DATE | GUARANTOR ID | DUE DATE |
| 1/28/2025 | [REDACTED] | Due Upon Receipt |
| AMOUNT DUE | SHOW AMOUNT PAID HERE | |
| \$77574.44 | | |

PLEASE MAKE CHECKS PAYABLE TO:

Monument Health

Hans Wirt



Guarantor Name: Hans Wirt

Guarantor ID: [REDACTED]

| DATE | DESCRIPTION | CHARGE | PAYMENTS / ADJUSTMENTS | TOTAL |
|--|--|-------------|---------------------------|-------|
| Patient: Hans Wirt Account Number: [REDACTED] - (at Monument Health Rapid City Hospital) | | | | |
| 12/25/2024 | Intensive Care-Intermediate Icu | \$4,575.00 | | |
| 12/25/2024 | Coronary Care-General | \$5,953.00 | | |
| 12/25/2024 | Pharmacy-General | \$1,626.27 | | |
| 12/25/2024 | Pharmacy-Drugs Incident to Radiology | \$2,212.53 | | |
| 12/25/2024 | Pharmacy-IV Solutions | \$629.76 | | |
| 12/25/2024 | IV Therapy-General | \$516.00 | | |
| 12/25/2024 | Medical/Surgical Supplies and Devices-Sterile Supply | \$2,994.68 | | |
| 12/25/2024 | Medical/Surgical Supplies and Devices-Other Implants | \$30,004.22 | | |
| 12/25/2024 | Laboratory-General | \$100.00 | | |
| 12/25/2024 | Laboratory-Chemistry | \$1,713.00 | | |
| 12/25/2024 | Laboratory-Hematology | \$622.00 | | |
| 12/25/2024 | Emergency Room-General | \$3,113.00 | | |
| 12/25/2024 | Cardiology-General | \$1,707.00 | | |
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| continue to next page ▶ | | | | |

If any of the following has changed since your last statement, please indicate

| | | | | | | | | |
|--|--|-------------------|---------------|--|--|--|-------------------|-----|
| Your Name (Last, First, Middle Initial) | | | Date of Birth | | Your PRIMARY Insurance Company's Name | | | |
| Address | | | | | Primary Insurance Company's Address | | | |
| City | | State | Zip | | City | | State | Zip |
| Telephone | | Social Security # | | | Policyholder Name | | Date of Birth | Sex |
| Employer's Name | | Telephone | | | Policyholder's ID Number | | Group Plan Number | |
| Employer's Address | | | | | Your SECONDARY Insurance Company's Name | | | |
| City | | State | Zip | | Secondary Insurance Company's Address | | | |
| Please Indicate If Applicable: <input type="checkbox"/> Auto Accident <input type="checkbox"/> Worker's Compensation | | | | | City | | State | Zip |
| Date of Injury | | | | | Policyholder Name | | Date of Birth | Sex |
| | | | | | Policyholder's ID Number | | Group Plan Number | |



Guarantor Name: Hans Wirt

Guarantor ID: [REDACTED]

| DATE | DESCRIPTION | CHARGE | PAYMENTS / ADJUSTMENTS | TOTAL |
|--|--|-------------|---------------------------|-------------|
| 12/25/2024 | Cardiology - Cardiac Cath Lab | \$28,879.00 | | |
| 12/25/2024 | Cardiology-Echocardiology | \$2,796.00 | | |
| 12/25/2024 | Ekg/Ecg (Electrocardiogram)-General | \$843.00 | | |
| 12/25/2024 | Other Therapeutic Services (See Also 095x, an Extension of | | | |
| | 094x)-Education/Training | \$112.00 | | |
| 12/25/2024 | Other Therapeutic Services (See Also 095x, an Extension of | | | |
| | 094x)-Cardiac Rehabilitation | \$1,140.00 | | |
| Patient Adjustments | | | (- \$17,907.29) | |
| | | \$89,536.46 | - \$17,907.29 | \$71,629.17 |
| Patient: Hans Wirt Account Number: [REDACTED] - (at Monument Health Rapid City Hospital) | | | | |
| 12/25/2024 | Balance Forward | \$5,303.27 | | |
| | | \$5,303.27 | \$0.00 | \$5,303.27 |
| Patient: Hans Wirt Account Number: [REDACTED] - (at Monument Health Rapid City Hospital) | | | | |
| 12/26/2024 | PR Sbsq Hospital IP/Obs Care Mod Mdm 35 Min | \$207.00 | | |
| 12/26/2024 | Echo Heart Xthoracic,Complete W Doppler | \$242.00 | | |
| | | \$449.00 | \$0.00 | \$449.00 |
| Patient: Hans Wirt Account Number: [REDACTED] - (at Monument Health Rapid City Hospital) | | | | |
| 12/27/2024 | Hospital IP/Obs Discharge Day Mgmt 30 Min/< | \$210.00 | | |
| Patient Adjustments | | | (- \$42.00) | |
| | | \$210.00 | - \$42.00 | \$168.00 |
| Patient: Hans Wirt Account Number: [REDACTED] - (at Monument Health Rapid City Hospital) | | | | |
| 12/26/2024 | Balance Forward | \$25.00 | | |
| Balance Total | | | | \$77,574.44 |