Henry Community Health

Henry Community Health has enhanced the patient online payment experience.

PAY ONLINE
SEE YOUR ACCOUNTS

STARTING 1/17/2024

TO MAKE AN ONLINE PAYMENT

STEP #1

Go to:
hchcares.simpleepay.com

STEP #2

Enter the account number and the patient's date of birth

STEP #3

Click 'View My Bill'

STEP #4

Chose your payment method

LOG IN TO VIEW YOUR MEDICAL BILLS

STEP #1

Go to:
hchcares.simpleepay.com

STEP #2

Enter the account number and the patient's date of birth

STEP #3

Click 'View My Account'

- **Easy access to all your hospital bills in one location 24/7**
- **Pay based upon your preference- Go Paperless!**

- **See payment history and balance due**
- **Auto-pay feature- set up a payment plan or scheduled payment each month to auto-pay from your credit or debit card**
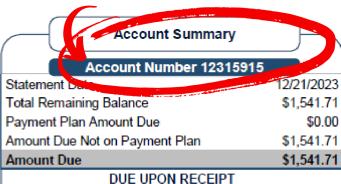
SAMPLE STATEMENT

SAMPLE STATEMENT

Henry Community Health
PO Box 485 New Castle, IN 47362-0485
Electronic Service Requested

hch_A ▲ 0 0 0 0 0 7 B6
Kddvk E Bkeukxzne
603 Fvdufnnu Odau
Ekf Jizmdk IN 47362

Amount Due Upon Receipt
$1,541.71

Important Messages

Thank you for choosing Henry Community Health for your health care needs. Your balance is due now. Please pay upon receipt of this notification. If you are unable to pay the full balance, you may elect a payment plan.

Account number found here

Payment Methods

Pay online by visiting here

Account Summary

Account Number 12315915

Statement Date	12/21/2023
Total Remaining Balance	$1,541.71
Payment Plan Amount Due	$0.00
Amount Due Not on Payment Plan	$1,541.71
Amount Due	**$1,541.71**

DUE UPON RECEIPT

Pay online: hchcares.simpleepay.com

Pay by Phone: (765) 633-2150

Quick access with smartphone
Scan this QR code with smartphone

Customer Service

(765) 521-1516 or (866) 442-8510

Phone Hours: Mon-Thurs 9:00AM - 4:30PM

Office Hours: Mon - Fri 8:00AM - 4:30PM

Payment Options

Payment Plan	OR	Pay In Full
$102.79		$1,541.71
x 15 months		Due Upon Receipt

View All Options: hchcares.simpleepay.com

Please Note: Your providers may bill separately for their professional services.

Henry Community Health
PO Box 485 New Castle, IN 47362-0485

Account Number	Guarantor Name	Due Date
12315915	KDDVK E BKEUKXZNE	Upon receipt

Minimum Amount Due: $1,541.71

Amount Enclosed

Make a payment of $102.79 to activate a payment plan. By paying monthly, I agree to the terms located at hchcares.simpleepay.com

Pay Online
hchcares.simpleepay.com

If paying by check, please make check payable to Henry Community Health and include your Account # on your check.

Henry Community Health
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New Castle IN 47362-0485