



Spencer Hospital And Clinics

RK1-1004

Your Current Account Activity

Statement Date:	05/26/2026
Account Name:	MELINDA SMITH
Statement Number:	GN00378326
Portal Account Number:	8754068
Portal Pin:	9d18d212
Charges:	\$4,532.08
Payments/Adjustments:	-\$3,979.95
Total Account Balance:	\$552.13
Payment Due By:	Upon Receipt
Amount Due Now	\$552.13

Amount Due \$552.13



Quick Pay

Scan QR code below to make an instant payment.



Manage Your Account



For Your Security

Do not share your account number, password or personal information with others. It may allow unauthorized access and put your privacy at risk.



24/7 Payment Line

Easy, automated phone payments at your convenience:
1-888-451-5853



Financial Assistance

Financial Assistance Available for those who qualify. Scan the QR code to learn more.



Mobile Quick Pay

Scan the QR code on the right to make an instant payment.



Spencer Hospital And Clinics

PO Box 647 | Spencer IA | 51301

Summary Billing Statement

Have questions about your bill?
Please contact us: 1-888-451-5853
Monday – Thursday: 8:00 a.m. to 5:30 p.m.
Friday: 8:00 a.m. to 4:30 p.m.

ADDRESSEE:



 MELINDA SMITH
 1111 ANY ST
 Sioux Falls SD 57108

Statement #:	GN00378326
Payment Due:	Upon Receipt
Amount Due:	\$552.13
Amount Paid:	\$ _____



One-Time Payment: <https://ensourcepay.com/login>

PLEASE MAKE CHECK PAYABLE AND REMIT TO:


 Spencer Hospital
 PO Box 647
 Spencer IA 51301