



Statement date: January 18, 2026
Guarantor Number: 100000389
Responsible Party: RADIANT, BAILEE

Thank you for choosing us for your healthcare needs!

Please submit payment of \$266.60 by February 07, 2026 or call us if you would like to make payment arrangements.

Account Summary

Total Charges	266.60
Insurance Payments	0.00
Your Payments	0.00
<hr/>	
Your current balance	266.60

Amount due by
February 07, 2026 **\$266.60**

Pay Your Bill Online



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

<https://mychart.covingtoncountyhospital.com/CCHMyChart/>

Pay by Mail



Complete the form below and return in the enclosed envelope.



Pay by Phone

Call to pay by credit or debit card.

601-804-5550

877-206-5115 (toll-free)

8 AM to 5 PM Monday through Friday.

Covington County Hospital
PO Box 22927
Jackson, MS 39225-2927

☐ My address or insurance information has changed. Changes are on the back of this form.

Stmnt Dt: 01/18/2026 ID: 100000389

Detach. Make checks payable to Covington County Hospital.

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover
CARDHOLDER			
CARD #		EXP DATE	CVC
SIGNATURE			
AMOUNT DUE	DUE DATE	AMOUNT ENCLOSED	
266.60	02/07/26	\$	

Bailee Radiant
384 E. Washington Ave.
Madison WI 53703

Covington County Hospital
PO Box 22927
Jackson, MS 39225-2927

2000017730910000038912345600000266609

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Aug 28 2025	X-Ray Foot 3+ Views Left Visit			Account #: 2000000168
	Covington County Hospital			Patient: Bailee Radiant
	Hospital Services			No insurance on file
Date	Description	Charges	Pmts/Adjs	Patient Balance
	Radiology - Diagnostic - General Classification	266.60		
	Totals	266.60	0.00	266.60
	<u>Your Responsibility</u>			<u>266.60</u>

Balance Due **266.60**