



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
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.

Stmt 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

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