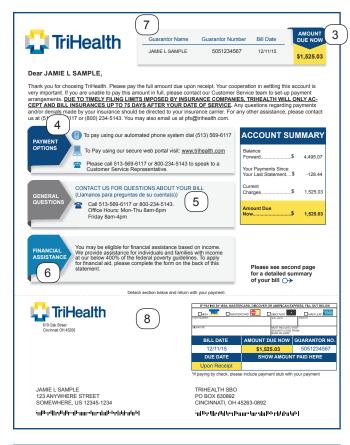
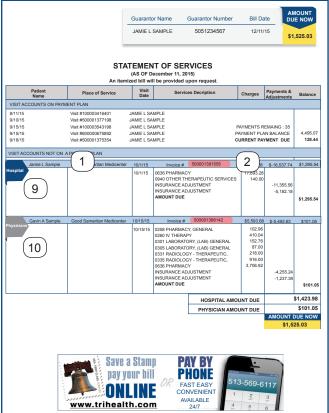
## Your New Bill





- 1. **Patient Name** the name of the person receiving medical care.
- 2. <u>Patient Number</u> a unique number that helps identify each patient in our billing system.
- 3. **Amount Due** the total amount due with this statement.
- Payment Options the ways you can pay your bill, including online, by phone or via the mail.
- Payment Plans the number to call if you are unable to pay your amount due in full and would like to establish a monthly payment plan.
- Financial Assistance general guidelines for applying for financial assistance. An application form will be available in your bill.
- 7. <u>Guarantor Name</u> the bill will be addressed to the guarantor, or the person responsible for the patient financially.
- Payment Coupon indicate the amount you are paying and detach and mail the coupon with the information completed by the due date. The mailing address for payments is for our payment processing service.
- 9. <u>Hospital Charges</u> this section details charges associated with the facility where you received care, such as radiology or laboratory services. The left side describes the services provided and the charges for each service. The right side describes payments, adjustments and the amount owed.
- 10. <u>Physician Charges</u> this section details charges associated with the providers from whom you received care, such as a physician visit or another professional service provided. The left side describes the services provided and the charges for each service. The right describes payments, adjustments and the amount owed.

## QUESTIONS?

Monday through Thursday from 8:00 a.m. to 6:00 p.m. and Friday from 8:00 a.m. to 4:00 p.m. at (513) 569-6117 or toll free (800) 234-5143.

