



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000153
Patient Name	Zztst,Baccile G
Patient MRN	2225395
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$47.36

Patient Balance due by
09/10/23
\$47.36

Payment plan amount of **\$0.00** now due.

The amount due represents your responsibility after any applicable insurance payments. Payment is due upon receipt. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone
Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>
Activation code: **JH3SV-2SZ9T-X7SBF**
Not interested in signing up for eGuthrie? Use the Guarantor ID and Last Name detailed above to *Pay as Guest* on eGuthrie.

Mail In
Mail your payment with the coupon at the bottom of this page

Need Assistance?

- Guthrie is proud of its mission to provide quality care to all who need it. If you do not have health insurance or worry that you may not be able to pay part or all of your care, we may be able to help. Guthrie's financial assistance program helps provide discounts on health care services, it's free to apply and available by scanning the QR code to the right or calling 570-887-2051.



PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$47.36
Amount Enclosed:	\$

Guarantor #	Statement Date
100000153	08/31/23
<input type="checkbox"/> Check Enclosed	Check #

Please make check payable to:

GUT16X 4059835 410902607
Baccile G Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000153000000047360

Amount Due \$47.36	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000153
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$47.36	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000153
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	54.00	0.00	-6.64	47.36	\$47.36
Totals	54.00	0.00	-6.64	47.36	\$47.36

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Baccile G Zztst's visit to Cortland Medical Center		Acct #600001924			
05/25/23	Laboratory - General	54.00			
	Insurance Adjustment - 06/16/23			4.16	
	Guthrie Adjustment - 06/16/23			-10.80	
	Totals	54.00		-6.64	\$47.36
	Balance Due				\$47.36



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000973
Patient Name	Test,Emilee
Patient MRN	2228196
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Payment plan amount of **\$0.00** now due.

Outstanding Balance
\$385.02

Patient Balance due by
09/10/23
\$385.02

The amount due represents your responsibility after any applicable insurance payments. Payment is due upon receipt. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone
Call 800-836-9990
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Monday - Friday

Pay Online <http://e.guthrie.org/mychart>
Activation code: **RK5CH-8VB8P-S9GZF**
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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$385.02
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000973	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902608
Emilee Test
105 GATE ROAD
FORT LAUDERDALE, FL 33314

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000973400000385020

Amount Due \$385.02	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000973
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2 of 3

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- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$385.02	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000973
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	439.00	0.00	-53.98	385.02	\$385.02
Totals	439.00	0.00	-53.98	385.02	\$385.02

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Emilee Test's visit to Cortland Medical Center		Acct #600001941			
06/23/23	Laboratory - General	439.00			
	Insurance Adjustment - 06/24/23			33.82	
	Guthrie Adjustment - 06/24/23			-87.80	
	Totals	439.00		-53.98	\$385.02
	Balance Due				\$385.02



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100001133
Patient Name	Zztst, Kephart D
Patient MRN	2226171
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Payment plan amount of **\$0.00** now due.

Outstanding Balance
\$10.00

Patient Balance due by
09/10/23
\$10.00

The amount due represents your responsibility after any applicable insurance payments. Payment is due upon receipt. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$10.00
Amount Enclosed:	\$

Guarantor #	Statement Date
100001133	08/31/23
<input type="checkbox"/> Check Enclosed	Check #

Please make check payable to:

GUT16X 4059835 410902609
Kephart D Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100001133900000010004

Amount Due \$10.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100001133
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2 of 4

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

DELTA DENTAL/DELTA DENTAL OF PENNSYLVANIA
AETNA COMMERCIAL/AETNA

Amount Due \$10.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100001133
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3 of 4

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	10.00	0.00	0.00	10.00	\$10.00
Totals	10.00	0.00	0.00	10.00	\$10.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Kephart D Zztst's visit to Conaway, Devin, DMD		Acct #101223978			
05/12/23	Comp Orthodontic Tx Adult Dentition	10.00			
	Totals	10.00			\$10.00
	Balance Due				\$10.00

Amount Due \$10.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100001133
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The Guthrie Clinic Financial Assistance Policy - Plain Language Summary

The Financial Assistance Policy ("FAP") of The Guthrie Clinic, which includes Guthrie Medical Group, P.C., Robert Packer Hospital, Corning Hospital, Cortland Medical Center, Troy Community Hospital, Robert Packer Hospital at Towanda Campus, Guthrie Home Health, and Guthrie Hospice (collectively "The Guthrie Clinic") exists to provide financial assistance to patients who have healthcare needs and are uninsured, underinsured, ineligible for other government assistance, or are otherwise unable to pay for emergency or other medically necessary healthcare services based on their individual financial situation. Patients seeking financial assistance must apply for the program, which is summarized herein.

Eligible Services: Financial assistance is only available for emergency or other medically necessary healthcare services. Not all services provided within The Guthrie Clinic hospital facilities are covered under the FAP. Certain services which are separately billed by other providers may not be covered. Please refer to Appendix A of The Guthrie Clinics' FAP for a list of providers that provide healthcare services within each respective hospital facility and whether or not they are covered under the FAP.

Eligible Patients: Patients receiving eligible services, who satisfy the eligibility criteria and submit a completed financial assistance application including all required documentation.

How to Apply: The FAP and FAP Application may be obtained/completed/submitted as follows:

- Download the documents from the following website: <https://www.guthrie.org/patients-visitors/pay-mybill/financial-assistance>
- Request documents be mailed to you, by calling the Financial Counseling Office at (570) 887-2051.
- Paper copies are available within various areas throughout The Guthrie Clinic Hospital facilities. This includes, but is not limited to, emergency rooms, patient registration check-in areas and Financial Counseling Offices in each hospital facility.
- Financial Representatives are on-site to assist individuals with the FAP Application, if needed.
- Completed Applications (with all required supporting documentation) should be mailed to: Attention: Financial Counselors, The Guthrie Clinic, Patient Financial Services Department, One Guthrie Square, Sayre, PA 18840

Financial Assistance Eligibility: Generally, uninsured and underinsured patients may be eligible for full financial assistance when their family household income is less than or equal to 200% of the Federal Poverty Level ("FPL"). Patients with household income greater than 200% but less than or equal to 400% of FPL may be eligible for discounted care.

Financial assistance levels, based solely on FPL are:

- Family household income less than or equal to 200% of FPL; Full financial assistance; \$0 is billable to the patient.
- Family gross income greater than 200% but less than or equal to 300% of FPL; Partial financial assistance; lesser of 80% discount from charges or AGB.
- Family gross income greater than 300% but less than or equal to 400% of FPL; Partial financial assistance; lesser of 60% discount from charges or AGB.

Note: Other criteria beyond FPL are also be considered (i.e. residency status, insurance/other medical coverage, asset thresholds), may result in exceptions to the preceding. The Guthrie Clinic Financial Representatives review submitted applications, and determine financial assistance eligibility in accordance with the FAP.

Any individual determined to be eligible for financial assistance under the FAP will not be charged more than Amounts Generally Billed ("AGB") for emergency or other medically necessary healthcare services. Any FAP eligible individual will always be charged the lesser of AGB or any discount available under the FAP.

Availability of Translations: The FAP, Application and PLS are available in English and in the primary language of populations with limited proficiency in English ("LEP") that constitutes the lesser of 1,000 individuals or 5% of the community served by The Guthrie Clinic.

For help, assistance or questions please call the Financial Counseling Office at (570) 887-2051.



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	400000004
Patient Name	Zztst,Kephart Q
Patient MRN	2226184
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$50.00

Patient Balance due by
09/10/23
\$50.00

Payment plan amount of **\$0.00** now due.

The amount due represents your responsibility after any applicable insurance payments. Payment is due upon receipt. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone
Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Mail In
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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$50.00
Amount Enclosed:	\$

Guarantor #	Statement Date
400000004	08/31/23
<input type="checkbox"/> Check Enclosed	Check #

Please make check payable to:

GUT16X 4059835 410902610
Kephart Q Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080400000004200000050008

Amount Due \$50.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 400000004
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2 of 3

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- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

DELTA DENTAL/DELTA DENTAL OF PENNSYLVANIA

Amount Due \$50.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 400000004
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	50.00	0.00	0.00	50.00	\$50.00
Totals	50.00	0.00	0.00	50.00	\$50.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Kephart Q Zztst's visit to Conaway, Devin, DMD		Acct #101224146			
06/06/23	Comprehensive Orthodontic Treatment of Adolescent Dentition	50.00			
	Totals	50.00			\$50.00
	Balance Due				\$50.00



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000201
Patient Name	Zztst, Moore A
Patient MRN	2226454
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$237.00

Patient Balance due by
10/14/23
\$237.00

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay \$/month for months.

Please be advised that your statement may reflect charges that are not included in your payment plan. Please contact us if you need to update your payment plan or if you need financial assistance.

Pay by Phone
Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Mail In
Mail your payment with the coupon at the bottom of this page

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PO BOX 826908
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Due Date	Amount Due
10/14/23	\$237.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000201	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902611
Moore A Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000201400000237005

Amount Due \$237.00	Statement Date 08/31/23	Due Date 10/14/23	Guarantor # 100000201
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2 of 3

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- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

UHC COMMERCIAL/UNITED HEALTHCARE

Amount Due \$237.00	Statement Date 08/31/23	Due Date 10/14/23	Guarantor # 100000201
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	237.00	0.00	0.00	237.00	\$237.00
Totals	237.00	0.00	0.00	237.00	\$237.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Moore A Zztst's visit to Acct #101221993 GUTHRIE MEDICAL GROUP LABORATORY <i>The balance due is your responsibility. Please pay the amount in full.</i>					
06/30/22	Balance Forward	237.00	0.00	0.00	\$237.00
	<u>Balance Due</u>				<u>\$237.00</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100003124
Patient Name	Zztst,Cinq-Mars A
Patient MRN	2228665
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$17,983.75

Patient Balance due by
09/10/23
\$17,983.75

Payment plan amount of **\$0.00** now due.

The amount due represents your responsibility after any applicable insurance payments. Payment is due upon receipt. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone
Call 800-836-9990
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Monday - Friday

Pay Online <http://e.guthrie.org/mychart>
Activation code: **GP4VC-8SF5K-B2TQ4**
Not interested in signing up for eGuthrie? Use the Guarantor ID and Last Name detailed above to *Pay as Guest* on eGuthrie.

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$17,983.75
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100003124	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902612
Cinq-Mars A Zztst
123 MAIN ST
PAWTUCKET, RI 02860

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100003124600017983758

Amount Due \$17,983.75	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100003124
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2 of 3

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Amount Due \$17,983.75	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100003124
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	16,836.75	0.00	1,147.00	17,983.75	\$17,983.75
Totals	16,836.75	0.00	1,147.00	17,983.75	\$17,983.75

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Cinq-Mars A Zztst's visit to Robert Packer Hospital			Acct #112013869		
05/26/23	Computed Tomographic (CT) Scans - General Guthrie Adjustment - 06/16/23	1,601.00		-320.20	
	Totals	1,601.00		-320.20	\$1,280.80
Cinq-Mars A Zztst's visit to Corning Hospital			Acct #412011186		
07/26/23	Computed Tomographic (CT) Scans - General Drugs Requiring Specific Identification - Single Source Drug Insurance Adjustment - 07/27/23	14,174.25 1,061.50		1,467.20	
	Totals	15,235.75		1,467.20	\$16,702.95
	Balance Due				\$17,983.75



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000002
Patient Name	Zztst,Alisha
Patient MRN	2225362
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$36.00

Patient Balance due by
09/10/23
\$36.00

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Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

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Monday - Friday

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Activation code: **8CB5H-T3JD4-CT3TZ**
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PHILADELPHIA, PA 19182-6908

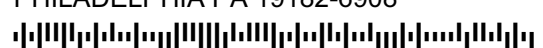
Due Date	09/10/23
Amount Due	\$36.00
Amount Enclosed:	\$

Guarantor #	100000002
Statement Date	08/31/23
<input type="checkbox"/> Check Enclosed	Check #

Please make check payable to:

GUT16X 4059835 410902613
Alisha Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000002200000036000

Amount Due \$36.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000002
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2 of 3

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Amount Due \$36.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000002
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	36.00	0.00	0.00	36.00	\$36.00
Totals	36.00	0.00	0.00	36.00	\$36.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Alisha Zztst's visit to Poulose, Joyson, MD The balance due is your responsibility. Please pay the amount in full.					
Acct #101223822					
04/28/23	Balance Forward	36.00	0.00	0.00	\$36.00
	<u>Balance Due</u>				<u>\$36.00</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000006
Patient Name	Zztst,Darrow A
Patient MRN	2225623
Statement Date	08/31/23

Outstanding Balance
\$98.00

Patient Balance due by
09/10/23
\$98.00

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$49.00/month** for **2 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone

Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Activation code: **NJ8VC-3XR3P-B5DR2**
Not interested in signing up for eGuthrie? Use the Guarantor ID and Last Name detailed above to *Pay as Guest* on eGuthrie.

Mail In

Mail your payment with the coupon at the bottom of this page

Need Assistance?

- Guthrie is proud of its mission to provide quality care to all who need it. If you do not have health insurance or worry that you may not be able to pay part or all of your care, we may be able to help. Guthrie's financial assistance program helps provide discounts on health care services, it's free to apply and available by scanning the QR code to the right or calling 570-887-2051.



PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$98.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000006	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902614
Darrow A Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000006400000098002

Amount Due \$98.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000006
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$98.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000006
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	98.00	0.00	0.00	98.00	\$98.00
Totals	98.00	0.00	0.00	98.00	\$98.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
	Darrow A Zztst's visit to <i>Poulose, Joyson, MD</i> <i>The balance due is your responsibility. Please pay the amount in full.</i>				
					Acct #101223588
03/22/23	Balance Forward	98.00	0.00	0.00	\$98.00
	<u>Balance Due</u>				<u>\$98.00</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000008
Patient Name	Zztst,Hewitt A
Patient MRN	2226065
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$352.00

Patient Balance due by
09/10/23
\$352.00

Can't pay all at once? Set up a payment plan on <http://e.guthrie.org/mychart>! For example you could pay **\$88.00/month** for **4 months**.

Your account remains past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance. If we do not hear from you, this account will be prepared for placement with our collection agency.

Pay by Phone
Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Mail In
Mail your payment with the coupon at the bottom of this page

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$352.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000008	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902615
Hewitt A Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000008000000352007

Amount Due \$352.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000008
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2 of 4

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$352.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000008
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3 of 4

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	352.00	0.00	0.00	352.00	\$352.00
Totals	352.00	0.00	0.00	352.00	\$352.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Hewitt A Zztst's visit to Phykitt, Donald, DO <i>This account is past due. Please call us for payment arrangements or financial assistance.</i> Acct #902017905					
11/03/20	Balance Forward	110.00	0.00	0.00	\$110.00
Hewitt A Zztst's visit to Dhillon, Anmol, MD <i>This account is past due. Please call us for payment arrangements or financial assistance.</i> Acct #902017961					
11/06/20	Balance Forward	110.00	0.00	0.00	\$110.00
Hewitt A Zztst's visit to Miner, Jean F, MD <i>This account is past due. Please call us for payment arrangements or financial assistance.</i> Acct #902018176					
11/30/20	Balance Forward	66.00	0.00	0.00	\$66.00
Hewitt A Zztst's visit to Miner, Jean F, MD <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #101222986					
01/06/23	Balance Forward	66.00	0.00	0.00	\$66.00
	Balance Due				\$352.00

Amount Due \$352.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000008
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4 of 4

The Guthrie Clinic Financial Assistance Policy - Plain Language Summary

The Financial Assistance Policy ("FAP") of The Guthrie Clinic, which includes Guthrie Medical Group, P.C., Robert Packer Hospital, Corning Hospital, Cortland Medical Center, Troy Community Hospital, Robert Packer Hospital at Towanda Campus, Guthrie Home Health, and Guthrie Hospice (collectively "The Guthrie Clinic") exists to provide financial assistance to patients who have healthcare needs and are uninsured, underinsured, ineligible for other government assistance, or are otherwise unable to pay for emergency or other medically necessary healthcare services based on their individual financial situation. Patients seeking financial assistance must apply for the program, which is summarized herein.

Eligible Services: Financial assistance is only available for emergency or other medically necessary healthcare services. Not all services provided within The Guthrie Clinic hospital facilities are covered under the FAP. Certain services which are separately billed by other providers may not be covered. Please refer to Appendix A of The Guthrie Clinics' FAP for a list of providers that provide healthcare services within each respective hospital facility and whether or not they are covered under the FAP.

Eligible Patients: Patients receiving eligible services, who satisfy the eligibility criteria and submit a completed financial assistance application including all required documentation.

How to Apply: The FAP and FAP Application may be obtained/completed/submitted as follows:

- Download the documents from the following website: <https://www.guthrie.org/patients-visitors/pay-mybill/financial-assistance>
- Request documents be mailed to you, by calling the Financial Counseling Office at (570) 887-2051.
- Paper copies are available within various areas throughout The Guthrie Clinic Hospital facilities. This includes, but is not limited to, emergency rooms, patient registration check-in areas and Financial Counseling Offices in each hospital facility.
- Financial Representatives are on-site to assist individuals with the FAP Application, if needed.
- Completed Applications (with all required supporting documentation) should be mailed to: Attention: Financial Counselors, The Guthrie Clinic, Patient Financial Services Department, One Guthrie Square, Sayre, PA 18840

Financial Assistance Eligibility: Generally, uninsured and underinsured patients may be eligible for full financial assistance when their family household income is less than or equal to 200% of the Federal Poverty Level ("FPL"). Patients with household income greater than 200% but less than or equal to 400% of FPL may be eligible for discounted care.

Financial assistance levels, based solely on FPL are:

- Family household income less than or equal to 200% of FPL; Full financial assistance; \$0 is billable to the patient.
- Family gross income greater than 200% but less than or equal to 300% of FPL; Partial financial assistance; lesser of 80% discount from charges or AGB.
- Family gross income greater than 300% but less than or equal to 400% of FPL; Partial financial assistance; lesser of 60% discount from charges or AGB.

Note: Other criteria beyond FPL are also be considered (i.e. residency status, insurance/other medical coverage, asset thresholds), may result in exceptions to the preceding. The Guthrie Clinic Financial Representatives review submitted applications, and determine financial assistance eligibility in accordance with the FAP.

Any individual determined to be eligible for financial assistance under the FAP will not be charged more than Amounts Generally Billed ("AGB") for emergency or other medically necessary healthcare services. Any FAP eligible individual will always be charged the lesser of AGB or any discount available under the FAP.

Availability of Translations: The FAP, Application and PLS are available in English and in the primary language of populations with limited proficiency in English ("LEP") that constitutes the lesser of 1,000 individuals or 5% of the community served by The Guthrie Clinic.

For help, assistance or questions please call the Financial Counseling Office at (570) 887-2051.



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000016
Patient Name	Zztst,Finogle A
Patient MRN	2225883
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Payment plan amount of **\$0.00** now due.

Outstanding Balance
\$536.00

Patient Balance due by
09/10/23
\$536.00

Your account remains past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance. If we do not hear from you, this account will be prepared for placement with our collection agency.

Pay by Phone
Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Mail In
Mail your payment with the coupon at the bottom of this page

Need Assistance?

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$536.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000016	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902616
Finogle A Zztst
1 GUTHRIE SQ
SOUTH WAVERLY, PA 18840-1625



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000016100000536001

Amount Due \$536.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000016
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2 of 4

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$536.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000016
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3 of 4

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	536.00	0.00	0.00	536.00	\$536.00
Totals	536.00	0.00	0.00	536.00	\$536.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Finogle A Zztst's visit to <i>Minello, Christopher, DO</i> <i>This account is past due. Please call us for payment arrangements or financial assistance.</i> Acct #902018028					
11/12/20	Balance Forward	153.00	0.00	0.00	\$153.00
Finogle A Zztst's visit to <i>Corey, Mark J, MD</i> Acct #101224498					
07/18/23	PR Immunization Administration;Sin	47.00			
	Mcv4/Menacwy Conj Vacc Grps Acyw-135 Im Use	197.00			
	(58160-827-30)				
	Office Outpatient Visit Level II	139.00			
	Totals	383.00			\$383.00
	Balance Due				\$536.00

Amount Due \$536.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000016
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4 of 4

The Guthrie Clinic Financial Assistance Policy - Plain Language Summary

The Financial Assistance Policy ("FAP") of The Guthrie Clinic, which includes Guthrie Medical Group, P.C., Robert Packer Hospital, Corning Hospital, Cortland Medical Center, Troy Community Hospital, Robert Packer Hospital at Towanda Campus, Guthrie Home Health, and Guthrie Hospice (collectively "The Guthrie Clinic") exists to provide financial assistance to patients who have healthcare needs and are uninsured, underinsured, ineligible for other government assistance, or are otherwise unable to pay for emergency or other medically necessary healthcare services based on their individual financial situation. Patients seeking financial assistance must apply for the program, which is summarized herein.

Eligible Services: Financial assistance is only available for emergency or other medically necessary healthcare services. Not all services provided within The Guthrie Clinic hospital facilities are covered under the FAP. Certain services which are separately billed by other providers may not be covered. Please refer to Appendix A of The Guthrie Clinics' FAP for a list of providers that provide healthcare services within each respective hospital facility and whether or not they are covered under the FAP.

Eligible Patients: Patients receiving eligible services, who satisfy the eligibility criteria and submit a completed financial assistance application including all required documentation.

How to Apply: The FAP and FAP Application may be obtained/completed/submitted as follows:

- Download the documents from the following website: <https://www.guthrie.org/patients-visitors/pay-mybill/financial-assistance>
- Request documents be mailed to you, by calling the Financial Counseling Office at (570) 887-2051.
- Paper copies are available within various areas throughout The Guthrie Clinic Hospital facilities. This includes, but is not limited to, emergency rooms, patient registration check-in areas and Financial Counseling Offices in each hospital facility.
- Financial Representatives are on-site to assist individuals with the FAP Application, if needed.
- Completed Applications (with all required supporting documentation) should be mailed to: Attention: Financial Counselors, The Guthrie Clinic, Patient Financial Services Department, One Guthrie Square, Sayre, PA 18840

Financial Assistance Eligibility: Generally, uninsured and underinsured patients may be eligible for full financial assistance when their family household income is less than or equal to 200% of the Federal Poverty Level ("FPL"). Patients with household income greater than 200% but less than or equal to 400% of FPL may be eligible for discounted care.

Financial assistance levels, based solely on FPL are:

- Family household income less than or equal to 200% of FPL; Full financial assistance; \$0 is billable to the patient.
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- Family gross income greater than 300% but less than or equal to 400% of FPL; Partial financial assistance; lesser of 60% discount from charges or AGB.

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Availability of Translations: The FAP, Application and PLS are available in English and in the primary language of populations with limited proficiency in English ("LEP") that constitutes the lesser of 1,000 individuals or 5% of the community served by The Guthrie Clinic.

For help, assistance or questions please call the Financial Counseling Office at (570) 887-2051.



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000017
Patient Name	Zztst, Gilson N
Patient MRN	2225974
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$2,042.76

Patient Balance due by
09/10/23
\$2,042.76

Can't pay all at once? Set up a payment plan on <http://e.guthrie.org/mychart>! For example you could pay **\$255.35/month** for **8 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone
Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Mail In
Mail your payment with the coupon at the bottom of this page

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$2,042.76
Amount Enclosed:	\$

Guarantor #	Statement Date
100000017	08/31/23
<input type="checkbox"/> Check Enclosed	Check #

Please make check payable to:

GUT16X 4059835 410902617
Gilson N Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000017900002042761

Amount Due \$2,042.76	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000017
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2 of 4

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Amount Due \$2,042.76	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000017
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3 of 4

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	2,458.75	0.00	-415.99	2,042.76	\$2,042.76
Totals	2,458.75	0.00	-415.99	2,042.76	\$2,042.76

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Gilson N Zztst's visit to Robert Packer Hospital <i>The balance due is your responsibility. Please pay the amount in full.</i>		Acct #112013680			
02/28/23	Balance Forward	491.75	0.00	-98.35	\$393.40
Gilson N Zztst's visit to Corning Hospital <i>The balance due is your responsibility. Please pay the amount in full.</i>		Acct #412011080			
03/02/23	Balance Forward	491.75	0.00	-60.47	\$431.28
Gilson N Zztst's visit to Robert Packer Hospital <i>The balance due is your responsibility. Please pay the amount in full.</i>		Acct #112013711			
03/15/23	Balance Forward	491.75	0.00	-98.35	\$393.40
Gilson N Zztst's visit to Robert Packer Hospital <i>The balance due is your responsibility. Please pay the amount in full.</i>		Acct #112013722			
03/17/23	Balance Forward	491.75	0.00	-98.35	\$393.40
Gilson N Zztst's visit to Corning Hospital <i>The balance due is your responsibility. Please pay the amount in full.</i>		Acct #412011092			
03/28/23	Balance Forward	491.75	0.00	-60.47	\$431.28
	<u>Balance Due</u>				<u>\$2,042.76</u>

Amount Due \$2,042.76	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000017
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The Guthrie Clinic Financial Assistance Policy - Plain Language Summary

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- Family gross income greater than 300% but less than or equal to 400% of FPL; Partial financial assistance; lesser of 60% discount from charges or AGB.

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For help, assistance or questions please call the Financial Counseling Office at (570) 887-2051.



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000018
Patient Name	Zztst, Meyers A
Patient MRN	2226350
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$110.00

Patient Balance due by
09/10/23
\$110.00

Can't pay all at once? Set up a payment plan on <http://e.guthrie.org/mychart>! For example you could pay **\$55.00/month** for **2 months**.

Your account remains past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance. If we do not hear from you, this account will be prepared for placement with our collection agency.

Pay by Phone
Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Mail In
Mail your payment with the coupon at the bottom of this page

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- Guthrie is proud of its mission to provide quality care to all who need it. If you do not have health insurance or worry that you may not be able to pay part or all of your care, we may be able to help. Guthrie's financial assistance program helps provide discounts on health care services, it's free to apply and available by scanning the QR code to the right or calling 570-887-2051.



PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$110.00
Amount Enclosed:	\$

Guarantor #	Statement Date
100000018	08/31/23
<input type="checkbox"/> Check Enclosed	Check #

Please make check payable to:

GUT16X 4059835 410902618
Meyers A Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000018700000110003

Amount Due \$110.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000018
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2 of 4

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$110.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000018
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3 of 4

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	110.00	0.00	0.00	110.00	\$110.00
Totals	110.00	0.00	0.00	110.00	\$110.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Meyers A Zztst's visit to Acct #902017972 Cagir, Burt, MD <i>This account is past due. Please call us for payment arrangements or financial assistance.</i>					
11/09/20	Balance Forward	110.00	0.00	0.00	\$110.00
	<u>Balance Due</u>				<u>\$110.00</u>

Amount Due \$110.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000018
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4 of 4

The Guthrie Clinic Financial Assistance Policy - Plain Language Summary

The Financial Assistance Policy ("FAP") of The Guthrie Clinic, which includes Guthrie Medical Group, P.C., Robert Packer Hospital, Corning Hospital, Cortland Medical Center, Troy Community Hospital, Robert Packer Hospital at Towanda Campus, Guthrie Home Health, and Guthrie Hospice (collectively "The Guthrie Clinic") exists to provide financial assistance to patients who have healthcare needs and are uninsured, underinsured, ineligible for other government assistance, or are otherwise unable to pay for emergency or other medically necessary healthcare services based on their individual financial situation. Patients seeking financial assistance must apply for the program, which is summarized herein.

Eligible Services: Financial assistance is only available for emergency or other medically necessary healthcare services. Not all services provided within The Guthrie Clinic hospital facilities are covered under the FAP. Certain services which are separately billed by other providers may not be covered. Please refer to Appendix A of The Guthrie Clinics' FAP for a list of providers that provide healthcare services within each respective hospital facility and whether or not they are covered under the FAP.

Eligible Patients: Patients receiving eligible services, who satisfy the eligibility criteria and submit a completed financial assistance application including all required documentation.

How to Apply: The FAP and FAP Application may be obtained/completed/submitted as follows:

- Download the documents from the following website: <https://www.guthrie.org/patients-visitors/pay-mybill/financial-assistance>
- Request documents be mailed to you, by calling the Financial Counseling Office at (570) 887-2051.
- Paper copies are available within various areas throughout The Guthrie Clinic Hospital facilities. This includes, but is not limited to, emergency rooms, patient registration check-in areas and Financial Counseling Offices in each hospital facility.
- Financial Representatives are on-site to assist individuals with the FAP Application, if needed.
- Completed Applications (with all required supporting documentation) should be mailed to: Attention: Financial Counselors, The Guthrie Clinic, Patient Financial Services Department, One Guthrie Square, Sayre, PA 18840

Financial Assistance Eligibility: Generally, uninsured and underinsured patients may be eligible for full financial assistance when their family household income is less than or equal to 200% of the Federal Poverty Level ("FPL"). Patients with household income greater than 200% but less than or equal to 400% of FPL may be eligible for discounted care.

Financial assistance levels, based solely on FPL are:

- Family household income less than or equal to 200% of FPL; Full financial assistance; \$0 is billable to the patient.
- Family gross income greater than 200% but less than or equal to 300% of FPL; Partial financial assistance; lesser of 80% discount from charges or AGB.
- Family gross income greater than 300% but less than or equal to 400% of FPL; Partial financial assistance; lesser of 60% discount from charges or AGB.

Note: Other criteria beyond FPL are also be considered (i.e. residency status, insurance/other medical coverage, asset thresholds), may result in exceptions to the preceding. The Guthrie Clinic Financial Representatives review submitted applications, and determine financial assistance eligibility in accordance with the FAP.

Any individual determined to be eligible for financial assistance under the FAP will not be charged more than Amounts Generally Billed ("AGB") for emergency or other medically necessary healthcare services. Any FAP eligible individual will always be charged the lesser of AGB or any discount available under the FAP.

Availability of Translations: The FAP, Application and PLS are available in English and in the primary language of populations with limited proficiency in English ("LEP") that constitutes the lesser of 1,000 individuals or 5% of the community served by The Guthrie Clinic.

For help, assistance or questions please call the Financial Counseling Office at (570) 887-2051.



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000019
Patient Name	Zztst, Gilson M DMD
Patient MRN	2225973
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$2,176.02

Patient Balance due by
09/10/23
\$2,176.02

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$272.01/month** for **8 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone

Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Activation code: **S8ZK7-PF9SM-8WW2N**
Not interested in signing up for eGuthrie? Use the Guarantor ID and Last Name detailed above to *Pay as Guest* on eGuthrie.

Mail In

Mail your payment with the coupon at the bottom of this page

Need Assistance?

- Guthrie is proud of its mission to provide quality care to all who need it. If you do not have health insurance or worry that you may not be able to pay part or all of your care, we may be able to help. Guthrie's financial assistance program helps provide discounts on health care services, it's free to apply and available by scanning the QR code to the right or calling 570-887-2051.



PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$2,176.02
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000019	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902619
Gilson M Zztst, DMD
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000019500002176025

Amount Due \$2,176.02	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000019
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$2,176.02	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000019
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	2,153.25	0.00	22.77	2,176.02	\$2,176.02
Totals	2,153.25	0.00	22.77	2,176.02	\$2,176.02

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Gilson M Zztst's visit to Robert Packer Hospital <i>The balance due is your responsibility. Please pay the amount in full.</i>					
Acct #112013129					
04/28/22	Balance Forward	919.75	0.00	0.00	\$919.75
Gilson M Zztst's visit to Chehab, Mahmoud R, MD <i>The balance due is your responsibility. Please pay the amount in full.</i>					
Acct #101221801					
05/18/22	Balance Forward	469.00	0.00	0.00	\$469.00
Gilson M Zztst's visit to Chehab, Mahmoud R, MD <i>The balance due is your responsibility. Please pay the amount in full.</i>					
Acct #101221818					
05/23/22	Balance Forward	469.00	0.00	0.00	\$469.00
Gilson M Zztst's visit to Corning Hospital <i>The balance due is your responsibility. Please pay the amount in full.</i>					
Acct #412010937					
08/03/22	Balance Forward	295.50	0.00	22.77	\$318.27
	Balance Due				\$2,176.02



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000029
Patient Name	Zztst, Detrick A
Patient MRN	2225701
Statement Date	08/31/23

Outstanding Balance
\$66.00

Patient Balance due by
09/10/23
\$66.00

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Can't pay all at once? Set up a payment plan on <http://e.guthrie.org/mychart>! For example you could pay **\$33.00/month** for **2 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone
Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Mail In
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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$66.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000029	08/31/23
<input type="checkbox"/> Check	Check #
<input type="checkbox"/> Enclosed	

Please make check payable to:

GUT16X 4059835 410902620
Detrick A Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000029200000066004

Amount Due \$66.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000029
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2 of 4

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- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$66.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000029
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3 of 4

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	66.00	0.00	0.00	66.00	\$66.00
Totals	66.00	0.00	0.00	66.00	\$66.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Detrick A Zztst's visit to Acct #101215517 Sporn, Daniel, MD The balance due is your responsibility. Please pay the amount in full.					
10/28/20	Balance Forward	66.00	0.00	0.00	\$66.00
	<u>Balance Due</u>				<u>\$66.00</u>

Amount Due \$66.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000029
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4 of 4

The Guthrie Clinic Financial Assistance Policy - Plain Language Summary

The Financial Assistance Policy ("FAP") of The Guthrie Clinic, which includes Guthrie Medical Group, P.C., Robert Packer Hospital, Corning Hospital, Cortland Medical Center, Troy Community Hospital, Robert Packer Hospital at Towanda Campus, Guthrie Home Health, and Guthrie Hospice (collectively "The Guthrie Clinic") exists to provide financial assistance to patients who have healthcare needs and are uninsured, underinsured, ineligible for other government assistance, or are otherwise unable to pay for emergency or other medically necessary healthcare services based on their individual financial situation. Patients seeking financial assistance must apply for the program, which is summarized herein.

Eligible Services: Financial assistance is only available for emergency or other medically necessary healthcare services. Not all services provided within The Guthrie Clinic hospital facilities are covered under the FAP. Certain services which are separately billed by other providers may not be covered. Please refer to Appendix A of The Guthrie Clinics' FAP for a list of providers that provide healthcare services within each respective hospital facility and whether or not they are covered under the FAP.

Eligible Patients: Patients receiving eligible services, who satisfy the eligibility criteria and submit a completed financial assistance application including all required documentation.

How to Apply: The FAP and FAP Application may be obtained/completed/submitted as follows:

- Download the documents from the following website: <https://www.guthrie.org/patients-visitors/pay-mybill/financial-assistance>
- Request documents be mailed to you, by calling the Financial Counseling Office at (570) 887-2051.
- Paper copies are available within various areas throughout The Guthrie Clinic Hospital facilities. This includes, but is not limited to, emergency rooms, patient registration check-in areas and Financial Counseling Offices in each hospital facility.
- Financial Representatives are on-site to assist individuals with the FAP Application, if needed.
- Completed Applications (with all required supporting documentation) should be mailed to: Attention: Financial Counselors, The Guthrie Clinic, Patient Financial Services Department, One Guthrie Square, Sayre, PA 18840

Financial Assistance Eligibility: Generally, uninsured and underinsured patients may be eligible for full financial assistance when their family household income is less than or equal to 200% of the Federal Poverty Level ("FPL"). Patients with household income greater than 200% but less than or equal to 400% of FPL may be eligible for discounted care.

Financial assistance levels, based solely on FPL are:

- Family household income less than or equal to 200% of FPL; Full financial assistance; \$0 is billable to the patient.
- Family gross income greater than 200% but less than or equal to 300% of FPL; Partial financial assistance; lesser of 80% discount from charges or AGB.
- Family gross income greater than 300% but less than or equal to 400% of FPL; Partial financial assistance; lesser of 60% discount from charges or AGB.

Note: Other criteria beyond FPL are also be considered (i.e. residency status, insurance/other medical coverage, asset thresholds), may result in exceptions to the preceding. The Guthrie Clinic Financial Representatives review submitted applications, and determine financial assistance eligibility in accordance with the FAP.

Any individual determined to be eligible for financial assistance under the FAP will not be charged more than Amounts Generally Billed ("AGB") for emergency or other medically necessary healthcare services. Any FAP eligible individual will always be charged the lesser of AGB or any discount available under the FAP.

Availability of Translations: The FAP, Application and PLS are available in English and in the primary language of populations with limited proficiency in English ("LEP") that constitutes the lesser of 1,000 individuals or 5% of the community served by The Guthrie Clinic.

For help, assistance or questions please call the Financial Counseling Office at (570) 887-2051.



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000032
Patient Name	Zztst,Baccile A
Patient MRN	2225389
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$5,078.45

Patient Balance due by
09/10/23
\$5,078.45

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$634.81/month** for **8 months**.

Your account remains past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance. If we do not hear from you, this account will be prepared for placement with our collection agency.

Pay by Phone

Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Activation code: **2CF5X-H5KG9-GR9HM**
Not interested in signing up for eGuthrie? Use the Guarantor ID and Last Name detailed above to *Pay as Guest* on eGuthrie.

Mail In

Mail your payment with the coupon at the bottom of this page

Need Assistance?

- Guthrie is proud of its mission to provide quality care to all who need it. If you do not have health insurance or worry that you may not be able to pay part or all of your care, we may be able to help. Guthrie's financial assistance program helps provide discounts on health care services, it's free to apply and available by scanning the QR code to the right or calling 570-887-2051.



PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$5,078.45
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000032	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902621
Baccile A Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000032300005078452

Amount Due \$5,078.45	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000032
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$5,078.45	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000032
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	5,051.00	0.00	27.45	5,078.45	\$5,078.45
Totals	5,051.00	0.00	27.45	5,078.45	\$5,078.45

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Baccile A Zztst's visit to Acct #902017832 GUTHRIE MEDICAL GROUP LABORATORY <i>This account is past due. Please call us for payment arrangements or financial assistance.</i>					
10/28/20	Balance Forward	4,546.00	0.00	0.00	\$4,546.00
Baccile A Zztst's visit to Acct #101218717 GUTHRIE MEDICAL GROUP LABORATORY <i>The balance due is your responsibility. Please pay the amount in full.</i>					
11/10/21	Balance Forward	220.00	0.00	0.00	\$220.00
Baccile A Zztst's visit to Cortland Medical Center Acct #600001655 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
06/07/22	Balance Forward	285.00	0.00	27.45	\$312.45
	Balance Due				\$5,078.45



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000033
Patient Name	Zztst,Baccile B
Patient MRN	2225390
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$82.78

Patient Balance due by
09/10/23
\$82.78

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$41.39/month** for **2 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone

Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Activation code: **SB6RV-3TF5X-P6PRD**
Not interested in signing up for eGuthrie? Use the Guarantor ID and Last Name detailed above to *Pay as Guest* on eGuthrie.

Mail In

Mail your payment with the coupon at the bottom of this page

Need Assistance?

- Guthrie is proud of its mission to provide quality care to all who need it. If you do not have health insurance or worry that you may not be able to pay part or all of your care, we may be able to help. Guthrie's financial assistance program helps provide discounts on health care services, it's free to apply and available by scanning the QR code to the right or calling 570-887-2051.



PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$82.78
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000033	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902622
Baccile B Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000033100000082785

Amount Due \$82.78	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000033
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$82.78	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000033
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	92.00	0.00	-9.22	82.78	\$82.78
Totals	92.00	0.00	-9.22	82.78	\$82.78

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Baccile B Zztst's visit to <i>GUTHRIE MEDICAL GROUP LABORATORY</i> <i>The balance due is your responsibility. Please pay the amount in full.</i>		Acct #101219481			
03/08/22	Balance Forward	17.00	0.00	0.00	\$17.00
Baccile B Zztst's visit to Cortland Medical Center <i>The balance due is your responsibility. Please pay the amount in full.</i>		Acct #600001863			
02/15/23	Balance Forward	75.00	0.00	-9.22	\$65.78
	Balance Due				\$82.78



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000050
Patient Name	Zztst,Dolan A
Patient MRN	2225727
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$3,908.00

Patient Balance due by
09/10/23
\$3,908.00

Can't pay all at once? Set up a payment plan on <http://e.guthrie.org/mychart>! For example you could pay **\$488.50/month** for **8 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone
Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Mail In
Mail your payment with the coupon at the bottom of this page

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$3,908.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000050	08/31/23
<input type="checkbox"/> Check	Check #
<input type="checkbox"/> Enclosed	

Please make check payable to:

GUT16X 4059835 410902623
Dolan A Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000050100003908006

Amount Due \$3,908.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000050
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2 of 4

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
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HEALTH PARTNERS PLAN MCO/HEALTH PARTNERS PLAN MCO
COMMERCIAL GENERIC/COMMERCIAL GENERIC PLAN

Amount Due \$3,908.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000050
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3 of 4

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	3,908.00	0.00	0.00	3,908.00	\$3,908.00
Totals	3,908.00	0.00	0.00	3,908.00	\$3,908.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Dolan A Zztst's visit to Acct #101223764 Scopelliti, David J, DMD The balance due is your responsibility. Please pay the amount in full.					
04/20/23	Balance Forward	3,908.00	0.00	0.00	\$3,908.00
	<u>Balance Due</u>				<u>\$3,908.00</u>

Amount Due \$3,908.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000050
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4 of 4

The Guthrie Clinic Financial Assistance Policy - Plain Language Summary

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- Completed Applications (with all required supporting documentation) should be mailed to: Attention: Financial Counselors, The Guthrie Clinic, Patient Financial Services Department, One Guthrie Square, Sayre, PA 18840

Financial Assistance Eligibility: Generally, uninsured and underinsured patients may be eligible for full financial assistance when their family household income is less than or equal to 200% of the Federal Poverty Level ("FPL"). Patients with household income greater than 200% but less than or equal to 400% of FPL may be eligible for discounted care.

Financial assistance levels, based solely on FPL are:

- Family household income less than or equal to 200% of FPL; Full financial assistance; \$0 is billable to the patient.
- Family gross income greater than 200% but less than or equal to 300% of FPL; Partial financial assistance; lesser of 80% discount from charges or AGB.
- Family gross income greater than 300% but less than or equal to 400% of FPL; Partial financial assistance; lesser of 60% discount from charges or AGB.

Note: Other criteria beyond FPL are also be considered (i.e. residency status, insurance/other medical coverage, asset thresholds), may result in exceptions to the preceding. The Guthrie Clinic Financial Representatives review submitted applications, and determine financial assistance eligibility in accordance with the FAP.

Any individual determined to be eligible for financial assistance under the FAP will not be charged more than Amounts Generally Billed ("AGB") for emergency or other medically necessary healthcare services. Any FAP eligible individual will always be charged the lesser of AGB or any discount available under the FAP.

Availability of Translations: The FAP, Application and PLS are available in English and in the primary language of populations with limited proficiency in English ("LEP") that constitutes the lesser of 1,000 individuals or 5% of the community served by The Guthrie Clinic.

For help, assistance or questions please call the Financial Counseling Office at (570) 887-2051.



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor # **100000055**
Patient Name **Zztst,Lantz A**
Patient MRN 2226246
Statement Date 08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$1,564.00

Patient Balance due by
09/10/23
\$1,564.00

Can't pay all at once? Set up a payment plan on <http://e.guthrie.org/mychart>! For example you could pay **\$195.50/month** for **8 months**.

Your account remains past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance. If we do not hear from you, this account will be prepared for placement with our collection agency.



Pay by Phone

Call 800-836-9990
8am to 5pm
Monday - Friday



Pay Online <http://e.guthrie.org/mychart>



Mail In

Mail your payment with the coupon at the bottom of this page

Need Assistance?

- Guthrie is proud of its mission to provide quality care to all who need it. If you do not have health insurance or worry that you may not be able to pay part or all of your care, we may be able to help. Guthrie's financial assistance program helps provide discounts on health care services, it's free to apply and available by scanning the QR code to the right or calling 570-887-2051.



PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$1,564.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000055	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902624
Lantz A Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000055100001564004

Amount Due \$1,564.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000055
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2 of 5

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

BCBS EMPIRE/BCBS EMPIRE
DELTA DENTAL/DELTA DENTAL OF PENNSYLVANIA

Amount Due \$1,564.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000055
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3 of 5

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	1,564.00	0.00	0.00	1,564.00	\$1,564.00
Totals	1,564.00	0.00	0.00	1,564.00	\$1,564.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Lantz A Zztst's visit to Pamula, Anne, MD Acct #902017871 <i>This account is past due. Please call us for payment arrangements or financial assistance.</i>					
10/29/20	Balance Forward	225.00	0.00	0.00	\$225.00
Lantz A Zztst's visit to Coseo, Jennifer M, MD Acct #902017899 <i>This account is past due. Please call us for payment arrangements or financial assistance.</i>					
11/02/20	Balance Forward	225.00	0.00	0.00	\$225.00
Lantz A Zztst's visit to Davidenko, Jorge M, MD Acct #101219858 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
04/25/22	Balance Forward	362.00	0.00	0.00	\$362.00
Lantz A Zztst's visit to Attia, Maximos, MD Acct #101219889 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
04/27/22	Balance Forward	420.00	0.00	0.00	\$420.00
Lantz A Zztst's visit to Attia, Maximos, MD Acct #101222402 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
09/17/22	Balance Forward	66.00	0.00	0.00	\$66.00
Lantz A Zztst's visit to Corey, Mark J, MD Acct #101223199 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
02/02/23	Balance Forward	184.00	0.00	0.00	\$184.00
Lantz A Zztst's visit to Corey, Mark J, MD Acct #101223714 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
04/13/23	Balance Forward	66.00	0.00	0.00	\$66.00

Amount Due \$1,564.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000055
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4 of 5

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Lantz A Zztst's visit to Scopelliti, David J, DMD The balance due is your responsibility. Please pay the amount in full.					
Acct #101223955					
05/01/23	Balance Forward	16.00	0.00	0.00	\$16.00
	<u>Balance Due</u>				<u>\$1,564.00</u>

Amount Due \$1,564.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000055
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5 of 5

The Guthrie Clinic Financial Assistance Policy - Plain Language Summary

The Financial Assistance Policy ("FAP") of The Guthrie Clinic, which includes Guthrie Medical Group, P.C., Robert Packer Hospital, Corning Hospital, Cortland Medical Center, Troy Community Hospital, Robert Packer Hospital at Towanda Campus, Guthrie Home Health, and Guthrie Hospice (collectively "The Guthrie Clinic") exists to provide financial assistance to patients who have healthcare needs and are uninsured, underinsured, ineligible for other government assistance, or are otherwise unable to pay for emergency or other medically necessary healthcare services based on their individual financial situation. Patients seeking financial assistance must apply for the program, which is summarized herein.

Eligible Services: Financial assistance is only available for emergency or other medically necessary healthcare services. Not all services provided within The Guthrie Clinic hospital facilities are covered under the FAP. Certain services which are separately billed by other providers may not be covered. Please refer to Appendix A of The Guthrie Clinics' FAP for a list of providers that provide healthcare services within each respective hospital facility and whether or not they are covered under the FAP.

Eligible Patients: Patients receiving eligible services, who satisfy the eligibility criteria and submit a completed financial assistance application including all required documentation.

How to Apply: The FAP and FAP Application may be obtained/completed/submitted as follows:

- Download the documents from the following website: <https://www.guthrie.org/patients-visitors/pay-mybill/financial-assistance>
- Request documents be mailed to you, by calling the Financial Counseling Office at (570) 887-2051.
- Paper copies are available within various areas throughout The Guthrie Clinic Hospital facilities. This includes, but is not limited to, emergency rooms, patient registration check-in areas and Financial Counseling Offices in each hospital facility.
- Financial Representatives are on-site to assist individuals with the FAP Application, if needed.
- Completed Applications (with all required supporting documentation) should be mailed to: Attention: Financial Counselors, The Guthrie Clinic, Patient Financial Services Department, One Guthrie Square, Sayre, PA 18840

Financial Assistance Eligibility: Generally, uninsured and underinsured patients may be eligible for full financial assistance when their family household income is less than or equal to 200% of the Federal Poverty Level ("FPL"). Patients with household income greater than 200% but less than or equal to 400% of FPL may be eligible for discounted care.

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- Family household income less than or equal to 200% of FPL; Full financial assistance; \$0 is billable to the patient.
- Family gross income greater than 200% but less than or equal to 300% of FPL; Partial financial assistance; lesser of 80% discount from charges or AGB.
- Family gross income greater than 300% but less than or equal to 400% of FPL; Partial financial assistance; lesser of 60% discount from charges or AGB.

Note: Other criteria beyond FPL are also be considered (i.e. residency status, insurance/other medical coverage, asset thresholds), may result in exceptions to the preceding. The Guthrie Clinic Financial Representatives review submitted applications, and determine financial assistance eligibility in accordance with the FAP.

Any individual determined to be eligible for financial assistance under the FAP will not be charged more than Amounts Generally Billed ("AGB") for emergency or other medically necessary healthcare services. Any FAP eligible individual will always be charged the lesser of AGB or any discount available under the FAP.

Availability of Translations: The FAP, Application and PLS are available in English and in the primary language of populations with limited proficiency in English ("LEP") that constitutes the lesser of 1,000 individuals or 5% of the community served by The Guthrie Clinic.

For help, assistance or questions please call the Financial Counseling Office at (570) 887-2051.



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000069
Patient Name	Zztest, Randy
Patient MRN	2227634
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$1,168.00

Patient Balance due by
09/10/23
\$1,168.00

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$146.00/month** for **8 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone

Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Activation code: **D2CX8-BC4HP-3KT6J**
Not interested in signing up for eGuthrie? Use the Guarantor ID and Last Name detailed above to *Pay as Guest* on eGuthrie.

Mail In

Mail your payment with the coupon at the bottom of this page

Need Assistance?

- Guthrie is proud of its mission to provide quality care to all who need it. If you do not have health insurance or worry that you may not be able to pay part or all of your care, we may be able to help. Guthrie's financial assistance program helps provide discounts on health care services, it's free to apply and available by scanning the QR code to the right or calling 570-887-2051.



PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$1,168.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000069	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902625
Randy Zztest
1 GUTHRIE SQ
SAYRE, PA 18840-1625



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000069000001168004

Amount Due \$1,168.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000069
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

BCBS NATIONAL/BCBS NATIONAL
 MEDICAID NY/NEW YORK MEDICAID
 AMERIHEALTH NORTHEAST MCO/AMERIHEALTH NORTHEAST

Amount Due \$1,168.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000069
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	1,168.00	0.00	0.00	1,168.00	\$1,168.00
Totals	1,168.00	0.00	0.00	1,168.00	\$1,168.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Randy Zztest's visit to Attia, Maximos, MD The balance due is your responsibility. Please pay the amount in full.					
Acct #101222192					
08/05/22	Balance Forward	47.00	0.00	0.00	\$47.00
Randy Zztest's visit to Attia, Maximos, MD The balance due is your responsibility. Please pay the amount in full.					
Acct #101222703					
11/04/22	Balance Forward	1,121.00	0.00	0.00	\$1,121.00
	<u>Balance Due</u>				<u>\$1,168.00</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000074
Patient Name	Zztest, Antonetti Ann
Patient MRN	2225363
Statement Date	08/31/23

Outstanding Balance
\$64.00

Patient Balance due by
09/10/23
\$64.00

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$32.00/month** for **2 months**.

Your account remains past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance. If we do not hear from you, this account will be prepared for placement with our collection agency.

Pay by Phone

Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Activation code: **J3HH5-HB9VZ-2PP4X**
Not interested in signing up for eGuthrie? Use the Guarantor ID and Last Name detailed above to *Pay as Guest* on eGuthrie.

Mail In

Mail your payment with the coupon at the bottom of this page

Need Assistance?

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$64.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000074	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902626
Antonetti Ann Zztest
1 GUTHRIE SQ
SAYRE, PA 18840-1625



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000074700000064008

Amount Due \$64.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000074
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
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- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$64.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000074
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	64.00	0.00	0.00	64.00	\$64.00
Totals	64.00	0.00	0.00	64.00	\$64.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Antonetti Ann Zztest's visit to Acct #902018084 GUTHRIE MEDICAL GROUP LABORATORY <i>This account is past due. Please call us for payment arrangements or financial assistance.</i>					
11/17/20	Balance Forward	64.00	0.00	0.00	\$64.00
	<u>Balance Due</u>				<u>\$64.00</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000076
Patient Name	Zztst,Lackey C
Patient MRN	2226222
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$2,324.00

Patient Balance due by
09/10/23
\$2,324.00

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$290.50/month** for **8 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.



Pay by Phone

Call 800-836-9990
8am to 5pm
Monday - Friday



Pay Online <http://e.guthrie.org/mychart>

Activation code: **4RD2S-F9RC6-VX6JC**

Not interested in signing up for eGuthrie? Use the Guarantor ID and Last Name detailed above to *Pay as Guest* on eGuthrie.



Mail In

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Need Assistance?

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$2,324.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000076	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902627
Lackey C Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000076300002324001

Amount Due \$2,324.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000076
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$2,324.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000076
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	2,324.00	0.00	0.00	2,324.00	\$2,324.00
Totals	2,324.00	0.00	0.00	2,324.00	\$2,324.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Lackey C Zztst's visit to Robert Packer Hospital, Skilled Care and Rehabilitation Center Acct #312010872 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
02/01/21 to 02/28/21	Balance Forward	2,324.00	0.00	0.00	\$2,324.00
	<u>Balance Due</u>				<u>\$2,324.00</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000078
Patient Name	Whiteside, Kara
Patient MRN	2227636
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$93.00

Patient Balance due by
09/10/23
\$93.00

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$46.50/month** for **2 months**.

Your account remains past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance. If we do not hear from you, this account will be prepared for placement with our collection agency.

Pay by Phone

Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Activation code: **G2TS6-GM2BS-9DG9U**
Not interested in signing up for eGuthrie? Use the Guarantor ID and Last Name detailed above to *Pay as Guest* on eGuthrie.

Mail In

Mail your payment with the coupon at the bottom of this page

Need Assistance?

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$93.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000078	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902628
Kara Whiteside
23230 SEAPORT
AKRON, OH 44306

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000078900000093007

Amount Due \$93.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000078
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2 of 3

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- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

BCBS NATIONAL/BCBS CAMP HILL,PA(COOP/STUD/SPEC CARE)

Amount Due \$93.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000078
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	93.00	0.00	0.00	93.00	\$93.00
Totals	93.00	0.00	0.00	93.00	\$93.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Kara Whiteside's visit to Acct #101215484 Webb, Paul, MD <i>This account is past due. Please call us for payment arrangements or financial assistance.</i>					
12/11/20	Balance Forward	93.00	0.00	0.00	\$93.00
	<u>Balance Due</u>				<u>\$93.00</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000102
Patient Name	Zztst,Rosenberger S
Patient MRN	2226836
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$35.74

Patient Balance due by
09/10/23
\$35.74

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$25.00/month** for **2 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone

Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Activation code: **K7JK4-FR9VG-3SQ8K**
Not interested in signing up for eGuthrie? Use the Guarantor ID and Last Name detailed above to *Pay as Guest* on eGuthrie.

Mail In

Mail your payment with the coupon at the bottom of this page

Need Assistance?

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$35.74
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000102	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902629
Rosenberger S Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000102700000035740

Amount Due \$35.74	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000102
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$35.74	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000102
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	40.75	0.00	-5.01	35.74	\$35.74
Totals	40.75	0.00	-5.01	35.74	\$35.74

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Rosenberger S Zztst's visit to Cortland Medical Center Acct #600001833 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
01/19/23	Balance Forward	40.75	0.00	-5.01	\$35.74
	<u>Balance Due</u>				<u>\$35.74</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000103
Patient Name	Zztst, Rosenberger L
Patient MRN	2226829
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$10,470.00

Patient Balance due by
09/10/23
\$10,470.00

Payment plan amount of **\$0.00** now due.

The amount due represents your responsibility after any applicable insurance payments. Payment is due upon receipt. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone
Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>
Activation code: **5VX5Z-S6PC8-DQ3VF**
Not interested in signing up for eGuthrie? Use the Guarantor ID and Last Name detailed above to *Pay as Guest* on eGuthrie.

Mail In
Mail your payment with the coupon at the bottom of this page

Need Assistance?

- Guthrie is proud of its mission to provide quality care to all who need it. If you do not have health insurance or worry that you may not be able to pay part or all of your care, we may be able to help. Guthrie's financial assistance program helps provide discounts on health care services, it's free to apply and available by scanning the QR code to the right or calling 570-887-2051.



PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$10,470.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000103	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902630
Rosenberger L Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000103500010470007

Amount Due \$10,470.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000103
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$10,470.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000103
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3 of 3

The patient balance amount represents accounts with full self pay due. May not include Advanced Bill amount.

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance

Advance Billed Accounts Detail

These accounts contain charges that require payment in advance. You will be responsible for any additional charges billed at the end of the month. If you have questions on the RPH Skilled and Rehab balance due within this section of your statement please call: **(570)268-2239**

Please write check for Advanced Bill portion out to: RPH Skilled Care and Rehab

Please mail Advanced Bill payment to: **SNU Patient Specialist**
RPH Skilled Care and Rehab
91 Hospital Drive

Towanda PA 18848

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Rosenberger L Zztst's visit to Robert Packer Hospital, Skilled Care Acct #312011184 and Rehabilitation Center					
06/01/22 to 06/30/22	Snu Room and Board	10,470.00			
	Totals	10,470.00			\$10,470.00
<u>Advance Billed Accounts Balance Due</u>					<u>\$10,470.00</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000106
Patient Name	Zztst, Moore C
Patient MRN	2226456
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$17.00

Patient Balance due by
09/10/23
\$17.00

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$17.00/month** for **1 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone
Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>
Activation code: **4BC9N-C3CH6-FT6WV**
Not interested in signing up for eGuthrie? Use the Guarantor ID and Last Name detailed above to *Pay as Guest* on eGuthrie.

Mail In
Mail your payment with the coupon at the bottom of this page

Need Assistance?

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$17.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000106	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902631
Moore C Zztst
1 GUTHRIE DR
CORNING, NY 14830-3696

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000106900000017005

Amount Due \$17.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000106
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$17.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000106
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	17.00	0.00	0.00	17.00	\$17.00
Totals	17.00	0.00	0.00	17.00	\$17.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
	Moore C Zztst's visit to <i>GUTHRIE MEDICAL GROUP LABORATORY</i> <i>The balance due is your responsibility. Please pay the amount in full.</i>				
					Acct #101223404
03/06/23	Balance Forward	17.00	0.00	0.00	\$17.00
	<u>Balance Due</u>				<u>\$17.00</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000108
Patient Name	Test, Cyera
Patient MRN	2227392
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Payment plan amount of **\$0.00** now due.

Outstanding Balance
\$543.18

Patient Balance due by
09/10/23
\$543.18

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone

Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Activation code: **3NX4W-N5JB7-VK8JV**
Not interested in signing up for eGuthrie? Use the Guarantor ID and Last Name detailed above to *Pay as Guest* on eGuthrie.

Mail In

Mail your payment with the coupon at the bottom of this page

Need Assistance?

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$543.18
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000108	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902632
Cyera Test
1 GUTHRIE SQ
SAYRE, PA 18840-1625



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000108500000543187

Amount Due \$543.18	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000108
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$543.18	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000108
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	591.00	0.00	-47.82	543.18	\$543.18
Totals	591.00	0.00	-47.82	543.18	\$543.18

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Cyera Test's visit to Cortland Medical Center Acct #600001675 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
06/30/22	Balance Forward	64.00	0.00	6.16	\$70.16
Cyera Test's visit to GUTHRIE MEDICAL GROUP LABORATORY Acct #101222104 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
07/22/22	Balance Forward	71.00	0.00	0.00	\$71.00
Cyera Test's visit to GUTHRIE MEDICAL GROUP LABORATORY Acct #101222240 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
08/16/22	Balance Forward	17.00	0.00	0.00	\$17.00
Cyera Test's visit to Cortland Medical Center Acct #600001933					
06/19/23	Laboratory - General	439.00			
	Insurance Adjustment - 06/20/23			33.82	
	Guthrie Adjustment - 06/20/23			-87.80	
	Totals	439.00		-53.98	\$385.02
	Balance Due				\$543.18



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000127
Patient Name	Zztst,Bobet B
Patient MRN	2225494
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$100.00

Patient Balance due by
09/10/23
\$100.00

Can't pay all at once? Set up a payment plan on <http://e.guthrie.org/mychart>! For example you could pay **\$50.00/month** for **2** months.

Your account remains past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance. If we do not hear from you, this account will be prepared for placement with our collection agency.

Pay by Phone
Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Mail In
Mail your payment with the coupon at the bottom of this page

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$100.00
Amount Enclosed:	\$

Guarantor #	Statement Date
100000127	08/31/23
<input type="checkbox"/> Check Enclosed	Check #

Please make check payable to:

GUT16X 4059835 410902633
Bobet B Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000127100000100001

Amount Due \$100.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000127
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2 of 4

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

MEDICAID NY/NEW YORK MEDICAID

MEDICARE/MEDICARE PART A & B

GUTHRIE HIGHMARK/GUTHRIE HIGHMARK PPO BLUE

GEISINGER HEALTH PLAN COMMERCIAL/GEISINGER HEALTH PLAN COMMERCIAL

Amount Due \$100.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000127
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3 of 4

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	100.00	0.00	0.00	100.00	\$100.00
Totals	100.00	0.00	0.00	100.00	\$100.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Bobet B Zztst's visit to <i>Leonard, James S, DPM</i> <i>This account is past due. Please call us for payment arrangements or financial assistance.</i> Acct #902018018					
11/11/20	Balance Forward	50.00	0.00	0.00	\$50.00
Bobet B Zztst's visit to <i>Leonard, James S, DPM</i> <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #101216606					
05/05/21	Balance Forward	50.00	0.00	0.00	\$50.00
	<u>Balance Due</u>				<u>\$100.00</u>

Amount Due \$100.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000127
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4 of 4

The Guthrie Clinic Financial Assistance Policy - Plain Language Summary

The Financial Assistance Policy ("FAP") of The Guthrie Clinic, which includes Guthrie Medical Group, P.C., Robert Packer Hospital, Corning Hospital, Cortland Medical Center, Troy Community Hospital, Robert Packer Hospital at Towanda Campus, Guthrie Home Health, and Guthrie Hospice (collectively "The Guthrie Clinic") exists to provide financial assistance to patients who have healthcare needs and are uninsured, underinsured, ineligible for other government assistance, or are otherwise unable to pay for emergency or other medically necessary healthcare services based on their individual financial situation. Patients seeking financial assistance must apply for the program, which is summarized herein.

Eligible Services: Financial assistance is only available for emergency or other medically necessary healthcare services. Not all services provided within The Guthrie Clinic hospital facilities are covered under the FAP. Certain services which are separately billed by other providers may not be covered. Please refer to Appendix A of The Guthrie Clinics' FAP for a list of providers that provide healthcare services within each respective hospital facility and whether or not they are covered under the FAP.

Eligible Patients: Patients receiving eligible services, who satisfy the eligibility criteria and submit a completed financial assistance application including all required documentation.

How to Apply: The FAP and FAP Application may be obtained/completed/submitted as follows:

- Download the documents from the following website: <https://www.guthrie.org/patients-visitors/pay-mybill/financial-assistance>
- Request documents be mailed to you, by calling the Financial Counseling Office at (570) 887-2051.
- Paper copies are available within various areas throughout The Guthrie Clinic Hospital facilities. This includes, but is not limited to, emergency rooms, patient registration check-in areas and Financial Counseling Offices in each hospital facility.
- Financial Representatives are on-site to assist individuals with the FAP Application, if needed.
- Completed Applications (with all required supporting documentation) should be mailed to: Attention: Financial Counselors, The Guthrie Clinic, Patient Financial Services Department, One Guthrie Square, Sayre, PA 18840

Financial Assistance Eligibility: Generally, uninsured and underinsured patients may be eligible for full financial assistance when their family household income is less than or equal to 200% of the Federal Poverty Level ("FPL"). Patients with household income greater than 200% but less than or equal to 400% of FPL may be eligible for discounted care.

Financial assistance levels, based solely on FPL are:

- Family household income less than or equal to 200% of FPL; Full financial assistance; \$0 is billable to the patient.
- Family gross income greater than 200% but less than or equal to 300% of FPL; Partial financial assistance; lesser of 80% discount from charges or AGB.
- Family gross income greater than 300% but less than or equal to 400% of FPL; Partial financial assistance; lesser of 60% discount from charges or AGB.

Note: Other criteria beyond FPL are also be considered (i.e. residency status, insurance/other medical coverage, asset thresholds), may result in exceptions to the preceding. The Guthrie Clinic Financial Representatives review submitted applications, and determine financial assistance eligibility in accordance with the FAP.

Any individual determined to be eligible for financial assistance under the FAP will not be charged more than Amounts Generally Billed ("AGB") for emergency or other medically necessary healthcare services. Any FAP eligible individual will always be charged the lesser of AGB or any discount available under the FAP.

Availability of Translations: The FAP, Application and PLS are available in English and in the primary language of populations with limited proficiency in English ("LEP") that constitutes the lesser of 1,000 individuals or 5% of the community served by The Guthrie Clinic.

For help, assistance or questions please call the Financial Counseling Office at (570) 887-2051.



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000132
Patient Name	Zztst, Sproule G
Patient MRN	2227006
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$701.00

Patient Balance due by
09/10/23
\$701.00

Payment plan amount of **\$0.00** now due.

Your account remains past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance. If we do not hear from you, this account will be prepared for placement with our collection agency.

Pay by Phone
Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Mail In
Mail your payment with the coupon at the bottom of this page

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$701.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000132	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902634
Sproule G Zztst
1 GUTHRIE SQ
ELMIRA, NY 14904

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000132800000701004

Amount Due \$701.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000132
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2 of 4

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$701.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000132
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3 of 4

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	701.00	0.00	0.00	701.00	\$701.00
Totals	701.00	0.00	0.00	701.00	\$701.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Sproule G Zztst's visit to <i>Prabhu, Sheela, MD</i> <i>This account is past due. Please call us for payment arrangements or financial assistance.</i> Acct #902018014					
11/11/20	Balance Forward	169.00	0.00	0.00	\$169.00
Sproule G Zztst's visit to <i>GUTHRIE MEDICAL GROUP LABORATORY</i> <i>This account is past due. Please call us for payment arrangements or financial assistance.</i> Acct #902018130					
11/24/20	Balance Forward	462.00	0.00	0.00	\$462.00
Sproule G Zztst's visit to <i>Zeykan, Violeta, MD</i> Acct #101224494					
07/18/23	Behav Assmt W/Score & Docd/Stand Instrument	17.00			
	Novavax Covid-19 Vaccine Adjuvanted Admin	53.00			
	5mcg/0.5ml Second Dose				
	Totals	70.00			\$70.00
	Balance Due				\$701.00

Amount Due \$701.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000132
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The Guthrie Clinic
Financial Assistance Policy - Plain Language Summary

The Financial Assistance Policy ("FAP") of The Guthrie Clinic, which includes Guthrie Medical Group, P.C., Robert Packer Hospital, Corning Hospital, Cortland Medical Center, Troy Community Hospital, Robert Packer Hospital at Towanda Campus, Guthrie Home Health, and Guthrie Hospice (collectively "The Guthrie Clinic") exists to provide financial assistance to patients who have healthcare needs and are uninsured, underinsured, ineligible for other government assistance, or are otherwise unable to pay for emergency or other medically necessary healthcare services based on their individual financial situation. Patients seeking financial assistance must apply for the program, which is summarized herein.

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- Paper copies are available within various areas throughout The Guthrie Clinic Hospital facilities. This includes, but is not limited to, emergency rooms, patient registration check-in areas and Financial Counseling Offices in each hospital facility.
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- Family gross income greater than 200% but less than or equal to 300% of FPL; Partial financial assistance; lesser of 80% discount from charges or AGB.
- Family gross income greater than 300% but less than or equal to 400% of FPL; Partial financial assistance; lesser of 60% discount from charges or AGB.

Note: Other criteria beyond FPL are also be considered (i.e. residency status, insurance/other medical coverage, asset thresholds), may result in exceptions to the preceding. The Guthrie Clinic Financial Representatives review submitted applications, and determine financial assistance eligibility in accordance with the FAP.

Any individual determined to be eligible for financial assistance under the FAP will not be charged more than Amounts Generally Billed ("AGB") for emergency or other medically necessary healthcare services. Any FAP eligible individual will always be charged the lesser of AGB or any discount available under the FAP.

Availability of Translations: The FAP, Application and PLS are available in English and in the primary language of populations with limited proficiency in English ("LEP") that constitutes the lesser of 1,000 individuals or 5% of the community served by The Guthrie Clinic.

For help, assistance or questions please call the Financial Counseling Office at (570) 887-2051.



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000135
Patient Name	Zztst, Antonetti B
Patient MRN	2225364
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$205.00

Patient Balance due by
09/10/23
\$205.00

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$102.50/month** for **2 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone
Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>
Activation code: **K6JX5-VH5KH-6TP5V**
Not interested in signing up for eGuthrie? Use the Guarantor ID and Last Name detailed above to *Pay as Guest* on eGuthrie.

Mail In
Mail your payment with the coupon at the bottom of this page

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$205.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000135	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902635
Antonetti B Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000135200000205007

Amount Due \$205.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000135
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$205.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000135
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	205.00	0.00	0.00	205.00	\$205.00
Totals	205.00	0.00	0.00	205.00	\$205.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Antonetti B Zztst's visit to Acct #101222913 Herbst, Lee J, MD The balance due is your responsibility. Please pay the amount in full.					
12/21/22	Balance Forward	154.00	0.00	0.00	\$154.00
Antonetti B Zztst's visit to Acct #101223918 Poulose, Joyson, MD The balance due is your responsibility. Please pay the amount in full.					
05/04/23	Balance Forward	51.00	0.00	0.00	\$51.00
	<u>Balance Due</u>				<u>\$205.00</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000144
Patient Name	Zztst,Struppler Z
Patient MRN	2227129
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$3,723.00

Patient Balance due by
09/10/23
\$3,723.00

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan!

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone

Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Activation code: **TM7KM-8MV6R-N9TPZ**
Not interested in signing up for eGuthrie? Use the Guarantor ID and Last Name detailed above to *Pay as Guest* on eGuthrie.

Mail In

Mail your payment with the coupon at the bottom of this page

Need Assistance?

- Guthrie is proud of its mission to provide quality care to all who need it. If you do not have health insurance or worry that you may not be able to pay part or all of your care, we may be able to help. Guthrie's financial assistance program helps provide discounts on health care services, it's free to apply and available by scanning the QR code to the right or calling 570-887-2051.



PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$3,723.00
Amount	\$
Enclosed:	

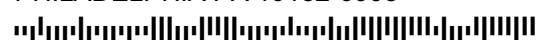
Guarantor #	Statement Date
100000144	08/31/23
<input type="checkbox"/> Check	Check #
<input type="checkbox"/> Enclosed	

Please make check payable to:

GUT16X 4059835 410902636
Struppler Z Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000144100003723003

Amount Due \$3,723.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000144
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$3,723.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000144
--	--	------------------------------------	--

3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	3,723.00	0.00	0.00	3,723.00	\$3,723.00
Totals	3,723.00	0.00	0.00	3,723.00	\$3,723.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Struppler Z Zztst's visit to Robert Packer Hospital Acct #112012092 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
11/13/20	Balance Forward	3,723.00	0.00	0.00	\$3,723.00
	<u>Balance Due</u>				<u>\$3,723.00</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000149
Patient Name	Zztst,Meyers R
Patient MRN	2226367
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$110.00

Patient Balance due by
09/10/23
\$110.00

Can't pay all at once? Set up a payment plan on <http://e.guthrie.org/mychart>! For example you could pay **\$55.00/month** for **2 months**.

Your account remains past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance. If we do not hear from you, this account will be prepared for placement with our collection agency.

Pay by Phone
Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Mail In
Mail your payment with the coupon at the bottom of this page

Need Assistance?

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$110.00
Amount Enclosed:	\$

Guarantor #	Statement Date
100000149	08/31/23
<input type="checkbox"/> Check Enclosed	Check # _____

Please make check payable to:

GUT16X 4059835 410902637
Meyers R Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000149100000110009

Amount Due \$110.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000149
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2 of 4

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$110.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000149
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3 of 4

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	110.00	0.00	0.00	110.00	\$110.00
Totals	110.00	0.00	0.00	110.00	\$110.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Meyers R Zztst's visit to Olmstead, John, MD <i>This account is past due. Please call us for payment arrangements or financial assistance.</i>					
11/16/20	Balance Forward	110.00	0.00	0.00	\$110.00
	<u>Balance Due</u>				<u>\$110.00</u>

Amount Due \$110.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000149
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4 of 4

The Guthrie Clinic Financial Assistance Policy - Plain Language Summary

The Financial Assistance Policy ("FAP") of The Guthrie Clinic, which includes Guthrie Medical Group, P.C., Robert Packer Hospital, Corning Hospital, Cortland Medical Center, Troy Community Hospital, Robert Packer Hospital at Towanda Campus, Guthrie Home Health, and Guthrie Hospice (collectively "The Guthrie Clinic") exists to provide financial assistance to patients who have healthcare needs and are uninsured, underinsured, ineligible for other government assistance, or are otherwise unable to pay for emergency or other medically necessary healthcare services based on their individual financial situation. Patients seeking financial assistance must apply for the program, which is summarized herein.

Eligible Services: Financial assistance is only available for emergency or other medically necessary healthcare services. Not all services provided within The Guthrie Clinic hospital facilities are covered under the FAP. Certain services which are separately billed by other providers may not be covered. Please refer to Appendix A of The Guthrie Clinics' FAP for a list of providers that provide healthcare services within each respective hospital facility and whether or not they are covered under the FAP.

Eligible Patients: Patients receiving eligible services, who satisfy the eligibility criteria and submit a completed financial assistance application including all required documentation.

How to Apply: The FAP and FAP Application may be obtained/completed/submitted as follows:

- Download the documents from the following website: <https://www.guthrie.org/patients-visitors/pay-mybill/financial-assistance>
- Request documents be mailed to you, by calling the Financial Counseling Office at (570) 887-2051.
- Paper copies are available within various areas throughout The Guthrie Clinic Hospital facilities. This includes, but is not limited to, emergency rooms, patient registration check-in areas and Financial Counseling Offices in each hospital facility.
- Financial Representatives are on-site to assist individuals with the FAP Application, if needed.
- Completed Applications (with all required supporting documentation) should be mailed to: Attention: Financial Counselors, The Guthrie Clinic, Patient Financial Services Department, One Guthrie Square, Sayre, PA 18840

Financial Assistance Eligibility: Generally, uninsured and underinsured patients may be eligible for full financial assistance when their family household income is less than or equal to 200% of the Federal Poverty Level ("FPL"). Patients with household income greater than 200% but less than or equal to 400% of FPL may be eligible for discounted care.

Financial assistance levels, based solely on FPL are:

- Family household income less than or equal to 200% of FPL; Full financial assistance; \$0 is billable to the patient.
- Family gross income greater than 200% but less than or equal to 300% of FPL; Partial financial assistance; lesser of 80% discount from charges or AGB.
- Family gross income greater than 300% but less than or equal to 400% of FPL; Partial financial assistance; lesser of 60% discount from charges or AGB.

Note: Other criteria beyond FPL are also be considered (i.e. residency status, insurance/other medical coverage, asset thresholds), may result in exceptions to the preceding. The Guthrie Clinic Financial Representatives review submitted applications, and determine financial assistance eligibility in accordance with the FAP.

Any individual determined to be eligible for financial assistance under the FAP will not be charged more than Amounts Generally Billed ("AGB") for emergency or other medically necessary healthcare services. Any FAP eligible individual will always be charged the lesser of AGB or any discount available under the FAP.

Availability of Translations: The FAP, Application and PLS are available in English and in the primary language of populations with limited proficiency in English ("LEP") that constitutes the lesser of 1,000 individuals or 5% of the community served by The Guthrie Clinic.

For help, assistance or questions please call the Financial Counseling Office at (570) 887-2051.



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000150
Patient Name	Zztst,Finogle D
Patient MRN	2225886
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$16.00

Patient Balance due by
09/10/23
\$16.00

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$16.00/month** for **1 months**.

Your account remains past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance. If we do not hear from you, this account will be prepared for placement with our collection agency.

Pay by Phone

Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Activation code: **K8XW9-PP4FS-9SB6T**
Not interested in signing up for eGuthrie? Use the Guarantor ID and Last Name detailed above to *Pay as Guest* on eGuthrie.

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Need Assistance?

- Guthrie is proud of its mission to provide quality care to all who need it. If you do not have health insurance or worry that you may not be able to pay part or all of your care, we may be able to help. Guthrie's financial assistance program helps provide discounts on health care services, it's free to apply and available by scanning the QR code to the right or calling 570-887-2051.



PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$16.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000150	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902638
Finogle D Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000150600000016000

Amount Due \$16.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000150
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$16.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000150
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	16.00	0.00	0.00	16.00	\$16.00
Totals	16.00	0.00	0.00	16.00	\$16.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Finogle D Zztst's visit to Corey, Mark J, MD <i>This account is past due. Please call us for payment arrangements or financial assistance.</i>					
Acct #902018048					
11/16/20	Balance Forward	16.00	0.00	0.00	\$16.00
	<u>Balance Due</u>				<u>\$16.00</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000158
Patient Name	Zzint,Eeeight
Patient MRN	2227486
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$1,600.00

Patient Balance due by
09/10/23
\$1,600.00

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$200.00/month** for **8 months**.

Your account remains past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance. If we do not hear from you, this account will be prepared for placement with our collection agency.

Pay by Phone

Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Activation code: **3KQ5Z-S9HW6-RQ8QY**
Not interested in signing up for eGuthrie? Use the Guarantor ID and Last Name detailed above to *Pay as Guest* on eGuthrie.

Mail In

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Need Assistance?

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$1,600.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000158	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902639
Eeeight Zzint
1 GUTHRIE SQ
SAYRE, PA 18840-1625



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000158000001600007

Amount Due \$1,600.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000158
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

AETNA COMMERCIAL/AETNA CORNELL PHL

Amount Due \$1,600.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000158
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	15,178.75	-2,042.00	-11,536.75	1,600.00	\$1,600.00
Totals	15,178.75	-2,042.00	-11,536.75	1,600.00	\$1,600.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Eeeight Zzint's visit to Porter, Burdett, MD <i>This account is past due. Please call us for payment arrangements or financial assistance.</i> Acct #902018083					
11/17/20	Balance Forward	2,442.00	-2,042.00	0.00	\$400.00
Eeeight Zzint's visit to Robert Packer Hospital <i>This account is past due. Please call us for payment arrangements or financial assistance.</i> Acct #112012100					
11/17/20 to 11/18/20	Balance Forward	12,736.75	0.00	-11,536.75	\$1,200.00
	Balance Due				\$1,600.00



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000168
Patient Name	Zztst,Lantz Adol
Patient MRN	2226250
Statement Date	08/31/23

Outstanding Balance
\$839.00

Patient Balance due by
09/10/23
\$839.00

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$209.75/month** for **4 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone

Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Mail In

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Need Assistance?

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$839.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000168	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902640
Lantz E Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000168700000839005

Amount Due \$839.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000168
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2 of 3

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- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

BCBS EMPIRE/BCBS EMPIRE
DELTA DENTAL/DELTA DENTAL OF PENNSYLVANIA

Amount Due \$839.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000168
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	839.00	0.00	0.00	839.00	\$839.00
Totals	839.00	0.00	0.00	839.00	\$839.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Lantz Adol Zztst's visit to GUTHRIE MEDICAL GROUP LABORATORY <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #101219615					
03/23/22	Balance Forward	124.00	0.00	0.00	\$124.00
Lantz Adol Zztst's visit to Davidenko, Jorge M, MD <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #101219857					
04/25/22	Balance Forward	369.00	0.00	0.00	\$369.00
Lantz Adol Zztst's visit to Rehman, Najeeb, MD <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #101221956					
06/27/22	Balance Forward	280.00	0.00	0.00	\$280.00
Lantz Adol Zztst's visit to Corey, Mark J, MD <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #101223715					
04/13/23	Balance Forward	66.00	0.00	0.00	\$66.00
	<u>Balance Due</u>				<u>\$839.00</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000183
Patient Name	Zztst,Shaffer B
Patient MRN	2227447
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$3,137.75

Patient Balance due by
09/10/23
\$3,137.75

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$392.22/month** for **8 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone

Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Activation code: **V3KP9-BQ3ZR-4TZ7P**
Not interested in signing up for eGuthrie? Use the Guarantor ID and Last Name detailed above to *Pay as Guest* on eGuthrie.

Mail In

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Need Assistance?

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

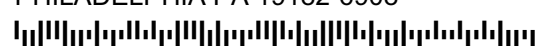
Due Date	09/10/23
Amount Due	\$3,137.75
Amount Enclosed:	\$

Guarantor #	100000183
Statement Date	08/31/23
<input type="checkbox"/> Check Enclosed	Check #

Please make check payable to:

GUT16X 4059835 410902641
Shaffer B Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000183100003137751

Amount Due \$3,137.75	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000183
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$3,137.75	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000183
--	--	------------------------------------	--

3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	3,137.75	0.00	0.00	3,137.75	\$3,137.75
Totals	3,137.75	0.00	0.00	3,137.75	\$3,137.75

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Shaffer B Zztst's visit to Robert Packer Hospital Acct #112013093 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
04/05/22	Balance Forward	537.50	0.00	0.00	\$537.50
Shaffer B Zztst's visit to Robert Packer Hospital Acct #112013100 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
04/08/22	Balance Forward	451.50	0.00	0.00	\$451.50
Shaffer B Zztst's visit to Robert Packer Hospital Acct #112013119 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
04/19/22	Balance Forward	919.75	0.00	0.00	\$919.75
Shaffer B Zztst's visit to Robert Packer Hospital Acct #112013121 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
04/21/22	Balance Forward	363.75	0.00	0.00	\$363.75
Shaffer B Zztst's visit to Robert Packer Hospital Acct #112013148 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
05/12/22	Balance Forward	470.50	0.00	0.00	\$470.50
Shaffer B Zztst's visit to Robert Packer Hospital Acct #112013229 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
06/24/22	Balance Forward	394.75	0.00	0.00	\$394.75
	Balance Due				\$3,137.75



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000190
Patient Name	Zztst,Baccile H
Patient MRN	2225396
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$34.00

Patient Balance due by
09/10/23
\$34.00

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan!

Your account remains past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance. If we do not hear from you, this account will be prepared for placement with our collection agency.

Pay by Phone
Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>
Activation code: **V2TZ3-CR7MC-9MJ93**
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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$34.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000190	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902642
Baccile H Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000190400000034002

Amount Due \$34.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000190
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$34.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000190
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	34.00	0.00	0.00	34.00	\$34.00
Totals	34.00	0.00	0.00	34.00	\$34.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Baccile H Zztst's visit to Acct #902018134 GUTHRIE MEDICAL GROUP LABORATORY <i>This account is past due. Please call us for payment arrangements or financial assistance.</i>					
11/24/20	Balance Forward	34.00	0.00	0.00	\$34.00
	<u>Balance Due</u>				<u>\$34.00</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000222
Patient Name	Zztst,Cocco B
Patient MRN	2225598
Statement Date	08/31/23

Outstanding Balance
\$4,877.00

Patient Balance due by
09/10/23
\$4,877.00

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$609.63/month** for **8 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

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Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Activation code: **MH2TR-6QZ6G-B9NPW**
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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$4,877.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000222	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902643
Cocco B Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000222600004877007

Amount Due \$4,877.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000222
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2 of 3

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- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$4,877.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000222
--	--	------------------------------------	--

3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	4,877.00	0.00	0.00	4,877.00	\$4,877.00
Totals	4,877.00	0.00	0.00	4,877.00	\$4,877.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Cocco B Zztst's visit to McDonald, Lester J, MD The balance due is your responsibility. Please pay the amount in full.					
Acct #101223629					
03/31/23	Balance Forward	4,877.00	0.00	0.00	\$4,877.00
	<u>Balance Due</u>				<u>\$4,877.00</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000228
Patient Name	Zztst,Lackey E
Patient MRN	2226225
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$2,489.50

Patient Balance due by
09/10/23
\$2,489.50

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$311.19/month** for **8 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone

Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Activation code: **2XZZ-M7PD3-RR5Z9**
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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$2,489.50
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000228	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902644
Lackey E Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000228400002489500

Amount Due \$2,489.50	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000228
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2 of 3

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- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$2,489.50	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000228
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	2,489.50	0.00	0.00	2,489.50	\$2,489.50
Totals	2,489.50	0.00	0.00	2,489.50	\$2,489.50

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Lackey E Zztst's visit to Robert Packer Hospital Acct #112013307 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
08/15/22	Balance Forward	2,489.50	0.00	0.00	\$2,489.50
	<u>Balance Due</u>				<u>\$2,489.50</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000243
Patient Name	Zztst, Beckwith B
Patient MRN	2225442
Statement Date	08/31/23

Outstanding Balance
\$453.00

Patient Balance due by
09/10/23
\$453.00

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

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Activation code: **ND4QN-2FF5M-M9RPY**
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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$453.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000243	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902645
Beckwith B Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000243800000453009

Amount Due \$453.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000243
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2 of 3

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- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$453.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000243
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	453.00	0.00	0.00	453.00	\$453.00
Totals	453.00	0.00	0.00	453.00	\$453.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Beckwith B Zztst's visit to Acct #101222288 <i>Choi, Joseph, MD</i> <i>The balance due is your responsibility. Please pay the amount in full.</i>					
08/26/22	Balance Forward	453.00	0.00	0.00	\$453.00
	<u>Balance Due</u>				<u>\$453.00</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000252
Patient Name	Zztst,Sproule B
Patient MRN	2227001
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$757.00

Patient Balance due by
09/10/23
\$757.00

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$189.25/month** for **4 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone
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8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>
Activation code: **H4GJ6-DT4XQ-8HF3G**
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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$757.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000252	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902646
Sproule B Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000252700000757008

Amount Due \$757.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000252
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2 of 3

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- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

BCBS NATIONAL/BCBS NATIONAL

Amount Due \$757.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000252
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	757.00	0.00	0.00	757.00	\$757.00
Totals	757.00	0.00	0.00	757.00	\$757.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Sproule B Zztst's visit to GUTHRIE MEDICAL GROUP LABORATORY <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #101219714					
04/07/22	Balance Forward	47.00	0.00	0.00	\$47.00
Sproule B Zztst's visit to GUTHRIE MEDICAL GROUP LABORATORY <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #101219717					
04/07/22	Balance Forward	77.00	0.00	0.00	\$77.00
Sproule B Zztst's visit to GUTHRIE MEDICAL GROUP LABORATORY <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #101222319					
09/01/22	Balance Forward	125.00	0.00	0.00	\$125.00
Sproule B Zztst's visit to Kolade, Victor, MD <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #101222345					
09/09/22	Balance Forward	50.00	0.00	0.00	\$50.00
Sproule B Zztst's visit to GUTHRIE MEDICAL GROUP LABORATORY <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #101222548					
10/07/22	Balance Forward	458.00	0.00	0.00	\$458.00
	Balance Due				\$757.00



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000271
Patient Name	Zztst, Walczak B
Patient MRN	2227287
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$70.16

Patient Balance due by
09/10/23
\$70.16

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$35.08/month** for **2 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

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Monday - Friday

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Activation code: **K4WF9-PX5RS-6TT44**
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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$70.16
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000271	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902647
Walczak B Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000271300000070165

Amount Due \$70.16	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000271
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2 of 3

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- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$70.16	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000271
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	64.00	0.00	6.16	70.16	\$70.16
Totals	64.00	0.00	6.16	70.16	\$70.16

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Walczak B Zztst's visit to Cortland Medical Center Acct #600001633 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
04/27/22	Balance Forward	64.00	0.00	6.16	\$70.16
	<u>Balance Due</u>				<u>\$70.16</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000276
Patient Name	Zztst, Moore O
Patient MRN	2226468
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$859.00

Patient Balance due by
09/10/23
\$859.00

Payment plan amount of **\$0.00** now due.

The amount due represents your responsibility after any applicable insurance payments. Payment is due upon receipt. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

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Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>
Activation code: **3BG2G-C6RF5-BW3TA**
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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$859.00
Amount	\$
Enclosed:	

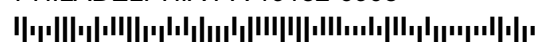
Guarantor #	Statement Date
100000276	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902648
Moore O Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000276300000859005

Amount Due \$859.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000276
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2 of 3

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- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

GUTHRIE HIGHMARK/GUTHRIE HIGHMARK PPO BLUE
GUTHRIE UMR/UHC/GUTHRIE UMR

Amount Due \$859.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000276
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	859.00	0.00	0.00	859.00	\$859.00
Totals	859.00	0.00	0.00	859.00	\$859.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Moore O Zztst's visit to <i>Poulose, Joyson, MD</i> Acct #101224030					
05/18/23	Iaad Ia Hepatitis B Surface Antigen	49.00			
	Totals	49.00			\$49.00
Moore O Zztst's visit to <i>Poulose, Joyson, MD</i> Acct #101224511					
05/18/23	Clostridium Difficile Toxin(S)	46.00			
	Infectious Agent Antigen Detection by Eia Nos	56.00			
	Totals	102.00			\$102.00
Moore O Zztst's visit to <i>Poulose, Joyson, MD</i> Acct #101224566					
05/18/23	Clostridium Difficile Toxin(S)	46.00			
	Infectious Agent Antigen Detection by Eia Nos	56.00			
	Totals	102.00			\$102.00
Moore O Zztst's visit to <i>Poulose, Joyson, MD</i> Acct #101224026					
07/27/23	Clostridium Difficile Toxin(S)	46.00			
	Infectious Agent Antigen Detection by Eia Nos	56.00			
	Cytomed, Dna, Amp Probe	168.00			
	Infectious Agent Detect by Nucleic Acid (Dna or Rna);	336.00			
	(Sars-Cov-2) (Coronavirus Disease [Covid-19]), Infl				
	Virus Types a & B, and Resp Syncytial Virus, Multiplex				
	Amplified Probe Technique				
	Totals	606.00			\$606.00
Balance Due					\$859.00



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000291
Patient Name	Zztst, Gilson L
Patient MRN	2225972
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Payment plan amount of **\$0.00** now due.

Outstanding Balance
\$6,740.76

Patient Balance due by
09/10/23
\$6,740.76

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone

Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Activation code: **CG4KW-5QS6Z-V9VXH**
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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	09/10/23
Amount Due	\$6,740.76
Amount Enclosed:	\$

Guarantor #	100000291
Statement Date	08/31/23
<input type="checkbox"/> Check Enclosed	Check #

Please make check payable to:

GUT16X 4059835 410902649
Gilson L Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000291700006740766

Amount Due \$6,740.76	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000291
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$6,740.76	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000291
--	--	------------------------------------	--

3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	7,179.50	0.00	-438.74	6,740.76	\$6,740.76
Totals	7,179.50	0.00	-438.74	6,740.76	\$6,740.76

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Gilson L Zztst's visit to Cortland Medical Center Acct #600001708 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
08/08/22	Balance Forward	1,287.75	0.00	99.21	\$1,386.96
Gilson L Zztst's visit to Robert Packer Hospital Acct #112013300 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
08/11/22	Balance Forward	3,202.00	0.00	0.00	\$3,202.00
Gilson L Zztst's visit to Robert Packer Hospital, Towanda Campus Acct #312011285					
05/19/23	Radiology - Diagnostic - General	508.25			
	Computed Tomographic (CT) Scans - General	2,181.50			
	Guthrie Adjustment - 06/16/23			-537.95	
	Totals	2,689.75		-537.95	\$2,151.80
	Balance Due				\$6,740.76



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor # **100000295**
Patient Name **Zztst, Sproule C**
Patient MRN 2227002
Statement Date 08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$2,069.00

Patient Balance due by
09/10/23
\$2,069.00

Payment plan amount of **\$0.00** now due.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone

Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Activation code: **2RB3F-S7FQ8-ZP2FA**
Not interested in signing up for eGuthrie? Use the Guarantor ID and Last Name detailed above to *Pay as Guest* on eGuthrie.

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$2,069.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000295	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902650
Sproule C Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000295900002069001

Amount Due \$2,069.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000295
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
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- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$2,069.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000295
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	2,069.00	0.00	0.00	2,069.00	\$2,069.00
Totals	2,069.00	0.00	0.00	2,069.00	\$2,069.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Sproule C Zztst's visit to <i>Kolade, Victor, MD</i> <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #101222848					
12/06/22	Balance Forward	183.00	0.00	0.00	\$183.00
Sproule C Zztst's visit to <i>Hudock, Stephen A, MD</i> <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #101223077					
01/19/23	Balance Forward	1,869.00	0.00	0.00	\$1,869.00
Sproule C Zztst's visit to <i>Gordon, Elizabeth, DO</i> Acct #101224584					
08/08/23	Behav Assmt W/Score & Docd/Stand Instrument	17.00			
	Totals	17.00			\$17.00
	Balance Due				\$2,069.00



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000296
Patient Name	Zztst,Sproule E
Patient MRN	2227004
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Payment plan amount of **\$0.00** now due.

Outstanding Balance
\$374.00

Patient Balance due by
09/10/23
\$374.00

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone
Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$374.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000296	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902651
Sproule E Zztst
1 GUTHRIE SQ
ELMIRA, NY 14904

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000296700000374007

Amount Due \$374.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000296
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2 of 4

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$374.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000296
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3 of 4

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	374.00	0.00	0.00	374.00	\$374.00
Totals	374.00	0.00	0.00	374.00	\$374.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Sproule E Zztst's visit to <i>McClintic, Jedediah, MD</i> <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #101223334					
12/13/22	Balance Forward	357.00	0.00	0.00	\$357.00
Sproule E Zztst's visit to <i>Scott, James, MD</i> Acct #101224590					
08/09/23	Behav Assmt W/Score & Docd/Stand Instrument	17.00			
	Totals	17.00			\$17.00
	<u>Balance Due</u>				<u>\$374.00</u>

Amount Due \$374.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000296
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4 of 4

The Guthrie Clinic Financial Assistance Policy - Plain Language Summary

The Financial Assistance Policy ("FAP") of The Guthrie Clinic, which includes Guthrie Medical Group, P.C., Robert Packer Hospital, Corning Hospital, Cortland Medical Center, Troy Community Hospital, Robert Packer Hospital at Towanda Campus, Guthrie Home Health, and Guthrie Hospice (collectively "The Guthrie Clinic") exists to provide financial assistance to patients who have healthcare needs and are uninsured, underinsured, ineligible for other government assistance, or are otherwise unable to pay for emergency or other medically necessary healthcare services based on their individual financial situation. Patients seeking financial assistance must apply for the program, which is summarized herein.

Eligible Services: Financial assistance is only available for emergency or other medically necessary healthcare services. Not all services provided within The Guthrie Clinic hospital facilities are covered under the FAP. Certain services which are separately billed by other providers may not be covered. Please refer to Appendix A of The Guthrie Clinics' FAP for a list of providers that provide healthcare services within each respective hospital facility and whether or not they are covered under the FAP.

Eligible Patients: Patients receiving eligible services, who satisfy the eligibility criteria and submit a completed financial assistance application including all required documentation.

How to Apply: The FAP and FAP Application may be obtained/completed/submitted as follows:

- Download the documents from the following website: <https://www.guthrie.org/patients-visitors/pay-mybill/financial-assistance>
- Request documents be mailed to you, by calling the Financial Counseling Office at (570) 887-2051.
- Paper copies are available within various areas throughout The Guthrie Clinic Hospital facilities. This includes, but is not limited to, emergency rooms, patient registration check-in areas and Financial Counseling Offices in each hospital facility.
- Financial Representatives are on-site to assist individuals with the FAP Application, if needed.
- Completed Applications (with all required supporting documentation) should be mailed to: Attention: Financial Counselors, The Guthrie Clinic, Patient Financial Services Department, One Guthrie Square, Sayre, PA 18840

Financial Assistance Eligibility: Generally, uninsured and underinsured patients may be eligible for full financial assistance when their family household income is less than or equal to 200% of the Federal Poverty Level ("FPL"). Patients with household income greater than 200% but less than or equal to 400% of FPL may be eligible for discounted care.

Financial assistance levels, based solely on FPL are:

- Family household income less than or equal to 200% of FPL; Full financial assistance; \$0 is billable to the patient.
- Family gross income greater than 200% but less than or equal to 300% of FPL; Partial financial assistance; lesser of 80% discount from charges or AGB.
- Family gross income greater than 300% but less than or equal to 400% of FPL; Partial financial assistance; lesser of 60% discount from charges or AGB.

Note: Other criteria beyond FPL are also be considered (i.e. residency status, insurance/other medical coverage, asset thresholds), may result in exceptions to the preceding. The Guthrie Clinic Financial Representatives review submitted applications, and determine financial assistance eligibility in accordance with the FAP.

Any individual determined to be eligible for financial assistance under the FAP will not be charged more than Amounts Generally Billed ("AGB") for emergency or other medically necessary healthcare services. Any FAP eligible individual will always be charged the lesser of AGB or any discount available under the FAP.

Availability of Translations: The FAP, Application and PLS are available in English and in the primary language of populations with limited proficiency in English ("LEP") that constitutes the lesser of 1,000 individuals or 5% of the community served by The Guthrie Clinic.

For help, assistance or questions please call the Financial Counseling Office at (570) 887-2051.



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000297
Patient Name	Zztst,Sproule F
Patient MRN	2227005
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$5,492.59

Patient Balance due by
09/10/23
\$5,492.59

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$686.58/month** for **8 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone

Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Activation code: **H2XX4-XR5HX-6JM3D**
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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$5,492.59
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000297	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902652
Sproule F Zztst
1 GUTHRIE SQ
ELMIRA, NY 14904

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000297500005492599

Amount Due \$5,492.59	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000297
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$5,492.59	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000297
--	--	------------------------------------	--

3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	5,016.00	0.00	476.59	5,492.59	\$5,492.59
Totals	5,016.00	0.00	476.59	5,492.59	\$5,492.59

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Sproule F Zztst's visit to GUTHRIE MEDICAL GROUP LABORATORY <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #101221882					
06/06/22	Balance Forward	17.00	0.00	0.00	\$17.00
Sproule F Zztst's visit to Corning Hospital <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #412010915					
06/06/22	Balance Forward	756.75	0.00	72.88	\$829.63
Sproule F Zztst's visit to Corning Hospital <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #412010918					
06/06/22	Balance Forward	870.75	0.00	83.85	\$954.60
Sproule F Zztst's visit to Corning Hospital <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #412010919					
06/06/22	Balance Forward	859.25	0.00	82.75	\$942.00
Sproule F Zztst's visit to Corning Hospital <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #412010920					
06/06/22	Balance Forward	2,462.25	0.00	237.11	\$2,699.36
Sproule F Zztst's visit to Kolade, Victor, MD <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #101222349					
09/09/22	Balance Forward	50.00	0.00	0.00	\$50.00
	<u>Balance Due</u>				<u>\$5,492.59</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000298
Patient Name	Zztst,Sproule H
Patient MRN	2227007
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$50.00

Patient Balance due by
09/10/23
\$50.00

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$25.00/month** for **2 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

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Call 800-836-9990
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Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$50.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000298	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902653
Sproule H Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000298300000050002

Amount Due \$50.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000298
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2 of 3

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- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$50.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000298
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	50.00	0.00	0.00	50.00	\$50.00
Totals	50.00	0.00	0.00	50.00	\$50.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Sproule H Zztst's visit to Kolade, Victor, MD The balance due is your responsibility. Please pay the amount in full.					
Acct #101222356					
09/13/22	Balance Forward	50.00	0.00	0.00	\$50.00
	<u>Balance Due</u>				<u>\$50.00</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000300
Patient Name	Zztst, Moore GC
Patient MRN	2227806
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$317.50

Patient Balance due by
09/10/23
\$317.50

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$79.38/month** for **4 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone
Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>
Activation code: **8PF9V-T4RP9-ZM8FX**
Not interested in signing up for eGuthrie? Use the Guarantor ID and Last Name detailed above to *Pay as Guest* on eGuthrie.

Mail In
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Need Assistance?

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$317.50
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000300	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902654
Moore GC Zztst
136 HOMER AVE
CORTLAND, NY 13045

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000300100000317509

Amount Due \$317.50	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000300
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2 of 3

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- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$317.50	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000300
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	357.25	0.00	-39.75	317.50	\$317.50
Totals	357.25	0.00	-39.75	317.50	\$317.50

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Moore Gc Zztst's visit to <i>Corey, Mark J, MD</i> <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #101219597					
03/21/22	Balance Forward	17.00	0.00	0.00	\$17.00
Moore Gc Zztst's visit to <i>GUTHRIE MEDICAL GROUP LABORATORY</i> <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #101223405					
03/06/23	Balance Forward	17.00	0.00	0.00	\$17.00
Moore Gc Zztst's visit to Cortland Medical Center <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #600001876					
03/22/23	Balance Forward	323.25	0.00	-39.75	\$283.50
	<u>Balance Due</u>				<u>\$317.50</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000304
Patient Name	Zztst, Antonetti Z
Patient MRN	2225388
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$20.00

Patient Balance due by
09/10/23
\$20.00

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$20.00/month** for **1 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone
Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>
Activation code: **8DZ7V-H6ZH3-ZH3BV**
Not interested in signing up for eGuthrie? Use the Guarantor ID and Last Name detailed above to *Pay as Guest* on eGuthrie.

Mail In
Mail your payment with the coupon at the bottom of this page

Need Assistance?

- Guthrie is proud of its mission to provide quality care to all who need it. If you do not have health insurance or worry that you may not be able to pay part or all of your care, we may be able to help. Guthrie's financial assistance program helps provide discounts on health care services, it's free to apply and available by scanning the QR code to the right or calling 570-887-2051.



PO BOX 826908
PHILADELPHIA, PA 19182-6908

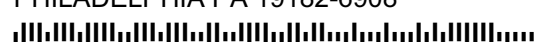
Due Date	Amount Due
09/10/23	\$20.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000304	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902655
Antonetti Z Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000304300000020008

Amount Due \$20.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000304
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$20.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000304
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	20.00	0.00	0.00	20.00	\$20.00
Totals	20.00	0.00	0.00	20.00	\$20.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Antonetti Z Zztst's visit to Acct #101219947 Corey, Mark J, MD The balance due is your responsibility. Please pay the amount in full.					
05/09/22	Balance Forward	20.00	0.00	0.00	\$20.00
	<u>Balance Due</u>				<u>\$20.00</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000320
Patient Name	Zztst, Antonetti F
Patient MRN	2225368
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$789.00

Patient Balance due by
09/10/23
\$789.00

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$197.25/month** for **4 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone

Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Activation code: **4WK3J-X4HM7-RJ6QW**
Not interested in signing up for eGuthrie? Use the Guarantor ID and Last Name detailed above to *Pay as Guest* on eGuthrie.

Mail In

Mail your payment with the coupon at the bottom of this page

Need Assistance?

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$789.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000320	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902656
Antonetti F Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000320500000789000

Amount Due \$789.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000320
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2 of 3

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Amount Due \$789.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000320
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	789.00	0.00	0.00	789.00	\$789.00
Totals	789.00	0.00	0.00	789.00	\$789.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Antonetti F Zztst's visit to <i>Bradstreet, Richard P, MD</i> <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #101219624					
03/24/22	Balance Forward	240.00	0.00	0.00	\$240.00
Antonetti F Zztst's visit to <i>GUTHRIE MEDICAL GROUP LABORATORY</i> <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #101219790					
04/14/22	Balance Forward	79.00	0.00	0.00	\$79.00
Antonetti F Zztst's visit to <i>GUTHRIE MEDICAL GROUP LABORATORY</i> <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #101222299					
08/29/22	Balance Forward	34.00	0.00	0.00	\$34.00
Antonetti F Zztst's visit to <i>GUTHRIE MEDICAL GROUP LABORATORY</i> <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #101223787					
09/01/22	Balance Forward	17.00	0.00	0.00	\$17.00
Antonetti F Zztst's visit to <i>Poulose, Joyson, MD</i> <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #101223812					
04/27/23	Balance Forward	244.00	0.00	0.00	\$244.00
Antonetti F Zztst's visit to <i>Poulose, Joyson, MD</i> <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #101223968					
05/11/23	Balance Forward	175.00	0.00	0.00	\$175.00
	Balance Due				\$789.00



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000329
Patient Name	Zztst, Moore P
Patient MRN	2226469
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$91.00

Patient Balance due by
09/10/23
\$91.00

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$45.50/month** for **2 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone

Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Activation code: **DB2WC-3SK8Q-T3HZV**
Not interested in signing up for eGuthrie? Use the Guarantor ID and Last Name detailed above to *Pay as Guest* on eGuthrie.

Mail In

Mail your payment with the coupon at the bottom of this page

Need Assistance?

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$91.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000329	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902657
Moore R Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000329700000091003

Amount Due \$91.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000329
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2 of 3

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- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

MEDICAID NY/NEW YORK MEDICAID

Amount Due \$91.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000329
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	91.00	0.00	0.00	91.00	\$91.00
Totals	91.00	0.00	0.00	91.00	\$91.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Moore P Zztst's visit to <i>Corey, Mark J, MD</i> <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #101219965					
05/12/22	Balance Forward	17.00	0.00	0.00	\$17.00
Moore P Zztst's visit to <i>GUTHRIE MEDICAL GROUP LABORATORY</i> <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #101219966					
05/12/22	Balance Forward	74.00	0.00	0.00	\$74.00
	<u>Balance Due</u>				<u>\$91.00</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000369
Patient Name	Zztst,Secrist A
Patient MRN	2226896
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Payment plan amount of **\$0.00** now due.

Outstanding Balance
\$399.99

Patient Balance due by
09/10/23
\$399.99

Thank you for your payment. Your balance is now past due. We appreciate your prompt attention and immediate payment. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone
Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>
Activation code: **DJ6PN-9TS9P-Q7JJ5**
Not interested in signing up for eGuthrie? Use the Guarantor ID and Last Name detailed above to *Pay as Guest* on eGuthrie.

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Need Assistance?

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date 09/10/23	Amount Due \$399.99	Guarantor # 100000369	Statement Date 08/31/23
Amount Enclosed:	\$	<input type="checkbox"/> Check Enclosed	Check # _____

Please make check payable to:

GUT16X 4059835 410902658
Secrist A Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000369500000399998

Amount Due \$399.99	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000369
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
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COMMERCIAL GENERIC/COMMERCIAL GENERIC PLAN
CIGNA COMMERCIAL/CIGNA MEDICARE SUPPLEMENT

Amount Due \$399.99	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000369
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	1,300.00	0.00	-900.01	399.99	\$399.99
Totals	1,300.00	0.00	-900.01	399.99	\$399.99

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Secrist A Zztst's visit to <i>Bratti, Michael, OD</i> <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #101222776					
11/15/22	Balance Forward	550.00	0.00	-350.00	\$200.00
	Patient Payment - 06/22/23 (MasterCard x1724)			-0.01	
	Totals	550.00		-350.01	\$199.99
Secrist A Zztst's visit to <i>Bratti, Michael, OD</i> <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #101222777					
11/15/22	Balance Forward	550.00	0.00	-350.00	\$200.00
Secrist A Zztst's visit to <i>Huntly, Michael, MD</i> Acct #101224483					
07/17/23	Botox Injection 25 Units (Cosmetic)	200.00			
	Patient Payment - 07/17/23			-200.00	
	Totals	200.00		-200.00	\$0.00
	Balance Due				\$399.99



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000432
Patient Name	Dunbar, Anna
Patient MRN	2227902
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$25.00

Patient Balance due by
09/10/23
\$25.00

Can't pay all at once? Set up a payment plan on <http://e.guthrie.org/mychart>! For example you could pay **\$25.00/month** for **1** months.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone
Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Mail In
Mail your payment with the coupon at the bottom of this page

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$25.00
Amount Enclosed:	\$

Guarantor #	Statement Date
100000432	08/31/23
<input type="checkbox"/> Check Enclosed	Check #

Please make check payable to:

GUT16X 4059835 410902659

Anna Dunbar
717 1ST AVE APT 1
WILLIAMSPORT, PA 17701-3057

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000432300000025003

Amount Due \$25.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000432
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2 of 4

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

HIGHMARK BCBS/BCBS PA HIGHMARK PPO

Amount Due \$25.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000432
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3 of 4

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	110.00	-85.00	0.00	25.00	\$25.00
Totals	110.00	-85.00	0.00	25.00	\$25.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Anna Dunbar's visit to <i>Estill, Matthew R, MD</i> <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #101216109					
03/02/21	Balance Forward	110.00	-85.00	0.00	\$25.00
	<u>Balance Due</u>				<u>\$25.00</u>

Amount Due \$25.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000432
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4 of 4

The Guthrie Clinic Financial Assistance Policy - Plain Language Summary

The Financial Assistance Policy ("FAP") of The Guthrie Clinic, which includes Guthrie Medical Group, P.C., Robert Packer Hospital, Corning Hospital, Cortland Medical Center, Troy Community Hospital, Robert Packer Hospital at Towanda Campus, Guthrie Home Health, and Guthrie Hospice (collectively "The Guthrie Clinic") exists to provide financial assistance to patients who have healthcare needs and are uninsured, underinsured, ineligible for other government assistance, or are otherwise unable to pay for emergency or other medically necessary healthcare services based on their individual financial situation. Patients seeking financial assistance must apply for the program, which is summarized herein.

Eligible Services: Financial assistance is only available for emergency or other medically necessary healthcare services. Not all services provided within The Guthrie Clinic hospital facilities are covered under the FAP. Certain services which are separately billed by other providers may not be covered. Please refer to Appendix A of The Guthrie Clinics' FAP for a list of providers that provide healthcare services within each respective hospital facility and whether or not they are covered under the FAP.

Eligible Patients: Patients receiving eligible services, who satisfy the eligibility criteria and submit a completed financial assistance application including all required documentation.

How to Apply: The FAP and FAP Application may be obtained/completed/submitted as follows:

- Download the documents from the following website: <https://www.guthrie.org/patients-visitors/pay-mybill/financial-assistance>
- Request documents be mailed to you, by calling the Financial Counseling Office at (570) 887-2051.
- Paper copies are available within various areas throughout The Guthrie Clinic Hospital facilities. This includes, but is not limited to, emergency rooms, patient registration check-in areas and Financial Counseling Offices in each hospital facility.
- Financial Representatives are on-site to assist individuals with the FAP Application, if needed.
- Completed Applications (with all required supporting documentation) should be mailed to: Attention: Financial Counselors, The Guthrie Clinic, Patient Financial Services Department, One Guthrie Square, Sayre, PA 18840

Financial Assistance Eligibility: Generally, uninsured and underinsured patients may be eligible for full financial assistance when their family household income is less than or equal to 200% of the Federal Poverty Level ("FPL"). Patients with household income greater than 200% but less than or equal to 400% of FPL may be eligible for discounted care.

Financial assistance levels, based solely on FPL are:

- Family household income less than or equal to 200% of FPL; Full financial assistance; \$0 is billable to the patient.
- Family gross income greater than 200% but less than or equal to 300% of FPL; Partial financial assistance; lesser of 80% discount from charges or AGB.
- Family gross income greater than 300% but less than or equal to 400% of FPL; Partial financial assistance; lesser of 60% discount from charges or AGB.

Note: Other criteria beyond FPL are also be considered (i.e. residency status, insurance/other medical coverage, asset thresholds), may result in exceptions to the preceding. The Guthrie Clinic Financial Representatives review submitted applications, and determine financial assistance eligibility in accordance with the FAP.

Any individual determined to be eligible for financial assistance under the FAP will not be charged more than Amounts Generally Billed ("AGB") for emergency or other medically necessary healthcare services. Any FAP eligible individual will always be charged the lesser of AGB or any discount available under the FAP.

Availability of Translations: The FAP, Application and PLS are available in English and in the primary language of populations with limited proficiency in English ("LEP") that constitutes the lesser of 1,000 individuals or 5% of the community served by The Guthrie Clinic.

For help, assistance or questions please call the Financial Counseling Office at (570) 887-2051.



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000435
Patient Name	Zztst, Williams B
Patient MRN	2227313
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Payment plan amount of **\$0.00** now due.

Outstanding Balance
\$4,004.93

Patient Balance due by
09/10/23
\$4,004.93

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

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Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$4,004.93
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000435	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902660
Williams B Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000435700004004936

Amount Due \$4,004.93	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000435
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2 of 4

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- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$4,004.93	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000435
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3 of 4

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	4,347.50	0.00	-342.57	4,004.93	\$4,004.93
Totals	4,347.50	0.00	-342.57	4,004.93	\$4,004.93

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Williams B Zztst's visit to Cortland Medical Center Acct #600001703 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
08/03/22	Balance Forward	1,124.50	0.00	86.63	\$1,211.13
Williams B Zztst's visit to Robert Packer Hospital Acct #112013478					
11/16/22	Other Imaging Services - General Guthrie Adjustment - 06/16/23	1,143.50		-228.70	
	Totals	1,143.50		-228.70	\$914.80
Williams B Zztst's visit to Robert Packer Hospital Acct #112013514 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
12/09/22	Balance Forward	1,077.00	0.00	0.00	\$1,077.00
Williams B Zztst's visit to Robert Packer Hospital Acct #112013916					
06/26/23	Radiology - Diagnostic - General Guthrie Adjustment - 06/27/23	1,002.50		-200.50	
	Totals	1,002.50		-200.50	\$802.00
	Balance Due				\$4,004.93

Amount Due \$4,004.93	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000435
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The Guthrie Clinic Financial Assistance Policy - Plain Language Summary

The Financial Assistance Policy ("FAP") of The Guthrie Clinic, which includes Guthrie Medical Group, P.C., Robert Packer Hospital, Corning Hospital, Cortland Medical Center, Troy Community Hospital, Robert Packer Hospital at Towanda Campus, Guthrie Home Health, and Guthrie Hospice (collectively "The Guthrie Clinic") exists to provide financial assistance to patients who have healthcare needs and are uninsured, underinsured, ineligible for other government assistance, or are otherwise unable to pay for emergency or other medically necessary healthcare services based on their individual financial situation. Patients seeking financial assistance must apply for the program, which is summarized herein.

Eligible Services: Financial assistance is only available for emergency or other medically necessary healthcare services. Not all services provided within The Guthrie Clinic hospital facilities are covered under the FAP. Certain services which are separately billed by other providers may not be covered. Please refer to Appendix A of The Guthrie Clinics' FAP for a list of providers that provide healthcare services within each respective hospital facility and whether or not they are covered under the FAP.

Eligible Patients: Patients receiving eligible services, who satisfy the eligibility criteria and submit a completed financial assistance application including all required documentation.

How to Apply: The FAP and FAP Application may be obtained/completed/submitted as follows:

- Download the documents from the following website: <https://www.guthrie.org/patients-visitors/pay-mybill/financial-assistance>
- Request documents be mailed to you, by calling the Financial Counseling Office at (570) 887-2051.
- Paper copies are available within various areas throughout The Guthrie Clinic Hospital facilities. This includes, but is not limited to, emergency rooms, patient registration check-in areas and Financial Counseling Offices in each hospital facility.
- Financial Representatives are on-site to assist individuals with the FAP Application, if needed.
- Completed Applications (with all required supporting documentation) should be mailed to: Attention: Financial Counselors, The Guthrie Clinic, Patient Financial Services Department, One Guthrie Square, Sayre, PA 18840

Financial Assistance Eligibility: Generally, uninsured and underinsured patients may be eligible for full financial assistance when their family household income is less than or equal to 200% of the Federal Poverty Level ("FPL"). Patients with household income greater than 200% but less than or equal to 400% of FPL may be eligible for discounted care.

Financial assistance levels, based solely on FPL are:

- Family household income less than or equal to 200% of FPL; Full financial assistance; \$0 is billable to the patient.
- Family gross income greater than 200% but less than or equal to 300% of FPL; Partial financial assistance; lesser of 80% discount from charges or AGB.
- Family gross income greater than 300% but less than or equal to 400% of FPL; Partial financial assistance; lesser of 60% discount from charges or AGB.

Note: Other criteria beyond FPL are also be considered (i.e. residency status, insurance/other medical coverage, asset thresholds), may result in exceptions to the preceding. The Guthrie Clinic Financial Representatives review submitted applications, and determine financial assistance eligibility in accordance with the FAP.

Any individual determined to be eligible for financial assistance under the FAP will not be charged more than Amounts Generally Billed ("AGB") for emergency or other medically necessary healthcare services. Any FAP eligible individual will always be charged the lesser of AGB or any discount available under the FAP.

Availability of Translations: The FAP, Application and PLS are available in English and in the primary language of populations with limited proficiency in English ("LEP") that constitutes the lesser of 1,000 individuals or 5% of the community served by The Guthrie Clinic.

For help, assistance or questions please call the Financial Counseling Office at (570) 887-2051.



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000436
Patient Name	Zztst,Schumacher B
Patient MRN	2226871
Statement Date	08/31/23

Outstanding Balance
\$4,318.00

Patient Balance due by
09/10/23
\$4,318.00

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$539.75/month** for **8 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone

Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Activation code: **J8DX4-RQ6SM-6KR37**
Not interested in signing up for eGuthrie? Use the Guarantor ID and Last Name detailed above to *Pay as Guest* on eGuthrie.

Mail In

Mail your payment with the coupon at the bottom of this page

Need Assistance?

- Guthrie is proud of its mission to provide quality care to all who need it. If you do not have health insurance or worry that you may not be able to pay part or all of your care, we may be able to help. Guthrie's financial assistance program helps provide discounts on health care services, it's free to apply and available by scanning the QR code to the right or calling 570-887-2051.



PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$4,318.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000436	08/31/23
<input type="checkbox"/> Check	Check #
<input type="checkbox"/> Enclosed	

Please make check payable to:

GUT16X 4059835 410902661
Schumacher B Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000436500004318003

Amount Due \$4,318.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000436
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

AETNA COMMERCIAL/AETNA

Amount Due \$4,318.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000436
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	4,328.00	0.00	-10.00	4,318.00	\$4,318.00
Totals	4,328.00	0.00	-10.00	4,318.00	\$4,318.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Schumacher B Zztst's visit to Attia, Maximos, MD The balance due is your responsibility. Please pay the amount in full.					
Acct #101217405					
09/20/21	Balance Forward	1,462.00	0.00	-10.00	\$1,452.00
Schumacher B Zztst's visit to Attia, Maximos, MD The balance due is your responsibility. Please pay the amount in full.					
Acct #101222254					
08/19/22	Balance Forward	2,523.00	0.00	0.00	\$2,523.00
Schumacher B Zztst's visit to Attia, Maximos, MD The balance due is your responsibility. Please pay the amount in full.					
Acct #101222343					
09/08/22	Balance Forward	200.00	0.00	0.00	\$200.00
Schumacher B Zztst's visit to Attia, Maximos, MD The balance due is your responsibility. Please pay the amount in full.					
Acct #101223512					
03/15/23	Balance Forward	143.00	0.00	0.00	\$143.00
	Balance Due				\$4,318.00



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000447
Patient Name	Zztst, Walczak C
Patient MRN	2227288
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$235.33

Patient Balance due by
09/10/23
\$235.33

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$117.67/month** for **2 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone

Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Activation code: **ZM9ZQ-8TH5H-P9HVV**
Not interested in signing up for eGuthrie? Use the Guarantor ID and Last Name detailed above to *Pay as Guest* on eGuthrie.

Mail In

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Need Assistance?

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$235.33
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000447	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902662
Walczak C Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908

8269080100000447000000235339

Amount Due \$235.33	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000447
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2 of 3

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Amount Due \$235.33	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000447
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	218.50	0.00	16.83	235.33	\$235.33
Totals	218.50	0.00	16.83	235.33	\$235.33

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Walczak C Zztst's visit to Cortland Medical Center Acct #600001742 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
09/26/22	Balance Forward	120.25	0.00	9.26	\$129.51
Walczak C Zztst's visit to Cortland Medical Center Acct #600001745 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
09/27/22	Balance Forward	98.25	0.00	7.57	\$105.82
	<u>Balance Due</u>				<u>\$235.33</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000448
Patient Name	Zztst, Walczak D
Patient MRN	2227289
Statement Date	08/31/23

Outstanding Balance
\$547.29

Patient Balance due by
09/10/23
\$547.29

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$136.83/month** for **4 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone

Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Activation code: **9TC8Q-S4PK9-DC8Z9**
Not interested in signing up for eGuthrie? Use the Guarantor ID and Last Name detailed above to *Pay as Guest* on eGuthrie.

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$547.29
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000448	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902663
Walczak D Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000448800000547293

Amount Due \$547.29	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000448
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$547.29	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000448
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	507.00	0.00	40.29	547.29	\$547.29
Totals	507.00	0.00	40.29	547.29	\$547.29

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Walczak D Zztst's visit to Cortland Medical Center Acct #600001555 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
04/06/22	Balance Forward	64.00	0.00	6.16	\$70.16
Walczak D Zztst's visit to Cortland Medical Center Acct #600001728 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
09/07/22	Balance Forward	68.25	0.00	5.26	\$73.51
Walczak D Zztst's visit to Cortland Medical Center Acct #600001746 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
09/28/22	Balance Forward	374.75	0.00	28.87	\$403.62
	<u>Balance Due</u>				<u>\$547.29</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000469
Patient Name	Zztst, Walczak X
Patient MRN	2227309
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$108.00

Patient Balance due by
09/10/23
\$108.00

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$54.00/month** for **2 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone

Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Activation code: **V4KX7-VD9PT-4KH6W**
Not interested in signing up for eGuthrie? Use the Guarantor ID and Last Name detailed above to *Pay as Guest* on eGuthrie.

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$108.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000469	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902664
Walczak X Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000469000000108001

Amount Due \$108.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000469
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2 of 3

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- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$108.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000469
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	108.00	0.00	0.00	108.00	\$108.00
Totals	108.00	0.00	0.00	108.00	\$108.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Walczak X Zztst's visit to Acct #101223128 Aguilar, Cristina, MD The balance due is your responsibility. Please pay the amount in full.					
01/24/23	Balance Forward	108.00	0.00	0.00	\$108.00
	<u>Balance Due</u>				<u>\$108.00</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000470
Patient Name	Zztst, Walczak E
Patient MRN	2227290
Statement Date	08/31/23

Outstanding Balance
\$32.00

Patient Balance due by
09/10/23
\$32.00

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$25.00/month** for **2 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone

Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Activation code: **G8HR3-DM3CK-9HR9D**
Not interested in signing up for eGuthrie? Use the Guarantor ID and Last Name detailed above to *Pay as Guest* on eGuthrie.

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$32.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000470	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902665
Walczak E Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000470500000032000

Amount Due \$32.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000470
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2 of 3

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- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$32.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000470
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	32.00	0.00	0.00	32.00	\$32.00
Totals	32.00	0.00	0.00	32.00	\$32.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Walczak E Zztst's visit to <i>GUTHRIE MEDICAL GROUP LABORATORY</i> <i>The balance due is your responsibility. Please pay the amount in full.</i>					
Acct #101219798					
04/14/22	Balance Forward	32.00	0.00	0.00	\$32.00
	<u>Balance Due</u>				<u>\$32.00</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000480
Patient Name	Zztst, Walczak G
Patient MRN	2227292
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$197.00

Patient Balance due by
09/10/23
\$197.00

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$98.50/month** for **2 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone

Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Activation code: **ND9ZN-7QN2H-X8FF8**
Not interested in signing up for eGuthrie? Use the Guarantor ID and Last Name detailed above to *Pay as Guest* on eGuthrie.

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

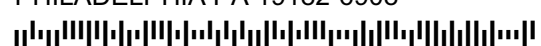
Due Date	Amount Due
09/10/23	\$197.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000480	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902666
Walczak G Zztst
1 GUTHRIE SQ
SOUTH WAVERLY, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000480200000197008

Amount Due \$197.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000480
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2 of 3

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- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$197.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000480
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	197.00	0.00	0.00	197.00	\$197.00
Totals	197.00	0.00	0.00	197.00	\$197.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Walczak G Zztst's visit to <i>Poulose, Joyson, MD</i> <i>The balance due is your responsibility. Please pay the amount in full.</i>					
Acct #101223517					
03/16/23	Balance Forward	197.00	0.00	0.00	\$197.00
	<u>Balance Due</u>				<u>\$197.00</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000481
Patient Name	Zztst,Walczak H
Patient MRN	2227293
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$1,321.94

Patient Balance due by
09/10/23
\$1,321.94

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$165.25/month** for **8 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone

Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Activation code: **PH6KJ-3TK9K-Q8RXB**
Not interested in signing up for eGuthrie? Use the Guarantor ID and Last Name detailed above to *Pay as Guest* on eGuthrie.

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date 09/10/23	Amount Due \$1,321.94	Guarantor # 100000481	Statement Date 08/31/23
Amount Enclosed:	\$	<input type="checkbox"/> Check Enclosed	Check # _____

Please make check payable to:

GUT16X 4059835 410902667

Walczak H Zztst
134 HOMER AVE
CORTLAND, NY 13045-1206

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000481000001321948

Amount Due \$1,321.94	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000481
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$1,321.94	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000481
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	1,242.00	0.00	79.94	1,321.94	\$1,321.94
Totals	1,242.00	0.00	79.94	1,321.94	\$1,321.94

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Walczak H Zztst's visit to Cortland Medical Center Acct #600001698 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
07/06/22	Balance Forward	38.50	0.00	3.71	\$42.21
Walczak H Zztst's visit to Cortland Medical Center Acct #600001693 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
07/22/22	Balance Forward	333.50	0.00	32.12	\$365.62
Walczak H Zztst's visit to Cortland Medical Center Acct #600001694 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
07/22/22	Balance Forward	458.00	0.00	44.11	\$502.11
Walczak H Zztst's visit to Acct #101217354 <i>Hojjati, Hani, MD</i> <i>The balance due is your responsibility. Please pay the amount in full.</i>					
06/08/21	Balance Forward	412.00	0.00	0.00	\$412.00
	<u>Balance Due</u>				<u>\$1,321.94</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000483
Patient Name	Zztst, Walczak J
Patient MRN	2227295
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$243.00

Patient Balance due by
09/10/23
\$243.00

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$121.50/month** for **2 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone
Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>
Activation code: **QT8HQ-9GR5J-X5GRF**
Not interested in signing up for eGuthrie? Use the Guarantor ID and Last Name detailed above to *Pay as Guest* on eGuthrie.

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Mail your payment with the coupon at the bottom of this page

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- Guthrie is proud of its mission to provide quality care to all who need it. If you do not have health insurance or worry that you may not be able to pay part or all of your care, we may be able to help. Guthrie's financial assistance program helps provide discounts on health care services, it's free to apply and available by scanning the QR code to the right or calling 570-887-2051.



PO BOX 826908
PHILADELPHIA, PA 19182-6908

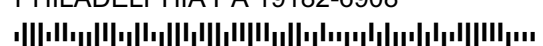
Due Date	Amount Due
09/10/23	\$243.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000483	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902668
Walczak J Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000483600000243009

Amount Due \$243.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000483
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2 of 3

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- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$243.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000483
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	243.00	0.00	0.00	243.00	\$243.00
Totals	243.00	0.00	0.00	243.00	\$243.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Walczak J Zztst's visit to <i>GUTHRIE MEDICAL GROUP LABORATORY</i> <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #101222401					
09/20/22	Balance Forward	135.00	0.00	0.00	\$135.00
Walczak J Zztst's visit to <i>Aguilar, Cristina, MD</i> <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #101223152					
01/25/23	Balance Forward	108.00	0.00	0.00	\$108.00
	<u>Balance Due</u>				<u>\$243.00</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000484
Patient Name	Zztst, Walczak Z
Patient MRN	2227311
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$66.87

Patient Balance due by
09/10/23
\$66.87

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$33.44/month** for **2 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

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Monday - Friday

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$66.87
Amount Enclosed:	\$

Guarantor #	Statement Date
100000484	08/31/23
<input type="checkbox"/> Check Enclosed	Check #

Please make check payable to:

GUT16X 4059835 410902669
Walczak Z Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000484400000066871

Amount Due \$66.87	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000484
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$66.87	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000484
-------------------------------------	--	------------------------------------	--

3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	61.00	0.00	5.87	66.87	\$66.87
Totals	61.00	0.00	5.87	66.87	\$66.87

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Walczak Z Zztst's visit to Cortland Medical Center Acct #600001642 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
05/10/22	Balance Forward	61.00	0.00	5.87	\$66.87
	<u>Balance Due</u>				<u>\$66.87</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000488
Patient Name	Zztst, Walczak M
Patient MRN	2227298
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$315.08

Patient Balance due by
09/10/23
\$315.08

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$78.77/month** for **4 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

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Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Activation code: **6VB4G-W6RC5-CD2XQ**
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PO BOX 826908
PHILADELPHIA, PA 19182-6908

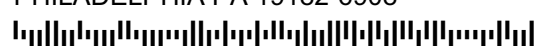
Due Date	Amount Due
09/10/23	\$315.08
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000488	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902670
Walczak M Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000488600000315084

Amount Due \$315.08	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000488
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2 of 3

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- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$315.08	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000488
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	338.75	0.00	-23.67	315.08	\$315.08
Totals	338.75	0.00	-23.67	315.08	\$315.08

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Walczak M Zztst's visit to Cortland Medical Center Acct #600001551 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
03/31/22	Balance Forward	82.00	0.00	7.90	\$89.90
Walczak M Zztst's visit to Cortland Medical Center Acct #600001847 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
01/25/23	Balance Forward	256.75	0.00	-31.57	\$225.18
	<u>Balance Due</u>				<u>\$315.08</u>



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Guarantor #	100000528
Patient Name	Zztst, Moore A
Patient MRN	2226454
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Payment plan amount of **\$0.00** now due.

Outstanding Balance
\$1,645.08

Patient Balance due by
09/10/23
\$1,645.08

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

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8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$1,645.08
Amount Enclosed:	\$

Guarantor #	Statement Date
100000528	08/31/23
<input type="checkbox"/> Check Enclosed	Check #

Please make check payable to:

GUT16X 4059835 410902671
Moore A Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000528900001645086

Amount Due \$1,645.08	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000528
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2 of 4

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$1,645.08	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000528
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3 of 4

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	1,636.50	0.00	8.58	1,645.08	\$1,645.08
Totals	1,636.50	0.00	8.58	1,645.08	\$1,645.08

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Moore A Zztst's visit to GUTHRIE MEDICAL GROUP LABORATORY <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #101221907					
06/15/22	Balance Forward	464.00	0.00	0.00	\$464.00
Moore A Zztst's visit to Cortland Medical Center <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #600001665					
06/17/22	Balance Forward	510.50	0.00	49.16	\$559.66
Moore A Zztst's visit to Poulose, Joyson, MD Acct #101222960					
01/03/23	Culture Spec, Bacteria, Not Urine, Stool, Blood	49.00			
	Antibiotic Sens, Mic, Each (qty: 3)	249.00			
	Smear, Primary W/Interp	34.00			
	Totals	332.00			\$332.00
Moore A Zztst's visit to Cortland Medical Center Acct #600001959					
07/07/23	Laboratory - General	330.00			
	Insurance Adjustment - 07/08/23			25.42	
	Guthrie Adjustment - 07/08/23			-66.00	
	Totals	330.00		-40.58	\$289.42
	Balance Due				\$1,645.08

Amount Due \$1,645.08	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000528
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4 of 4

The Guthrie Clinic Financial Assistance Policy - Plain Language Summary

The Financial Assistance Policy ("FAP") of The Guthrie Clinic, which includes Guthrie Medical Group, P.C., Robert Packer Hospital, Corning Hospital, Cortland Medical Center, Troy Community Hospital, Robert Packer Hospital at Towanda Campus, Guthrie Home Health, and Guthrie Hospice (collectively "The Guthrie Clinic") exists to provide financial assistance to patients who have healthcare needs and are uninsured, underinsured, ineligible for other government assistance, or are otherwise unable to pay for emergency or other medically necessary healthcare services based on their individual financial situation. Patients seeking financial assistance must apply for the program, which is summarized herein.

Eligible Services: Financial assistance is only available for emergency or other medically necessary healthcare services. Not all services provided within The Guthrie Clinic hospital facilities are covered under the FAP. Certain services which are separately billed by other providers may not be covered. Please refer to Appendix A of The Guthrie Clinics' FAP for a list of providers that provide healthcare services within each respective hospital facility and whether or not they are covered under the FAP.

Eligible Patients: Patients receiving eligible services, who satisfy the eligibility criteria and submit a completed financial assistance application including all required documentation.

How to Apply: The FAP and FAP Application may be obtained/completed/submitted as follows:

- Download the documents from the following website: <https://www.guthrie.org/patients-visitors/pay-mybill/financial-assistance>
- Request documents be mailed to you, by calling the Financial Counseling Office at (570) 887-2051.
- Paper copies are available within various areas throughout The Guthrie Clinic Hospital facilities. This includes, but is not limited to, emergency rooms, patient registration check-in areas and Financial Counseling Offices in each hospital facility.
- Financial Representatives are on-site to assist individuals with the FAP Application, if needed.
- Completed Applications (with all required supporting documentation) should be mailed to: Attention: Financial Counselors, The Guthrie Clinic, Patient Financial Services Department, One Guthrie Square, Sayre, PA 18840

Financial Assistance Eligibility: Generally, uninsured and underinsured patients may be eligible for full financial assistance when their family household income is less than or equal to 200% of the Federal Poverty Level ("FPL"). Patients with household income greater than 200% but less than or equal to 400% of FPL may be eligible for discounted care.

Financial assistance levels, based solely on FPL are:

- Family household income less than or equal to 200% of FPL; Full financial assistance; \$0 is billable to the patient.
- Family gross income greater than 200% but less than or equal to 300% of FPL; Partial financial assistance; lesser of 80% discount from charges or AGB.
- Family gross income greater than 300% but less than or equal to 400% of FPL; Partial financial assistance; lesser of 60% discount from charges or AGB.

Note: Other criteria beyond FPL are also be considered (i.e. residency status, insurance/other medical coverage, asset thresholds), may result in exceptions to the preceding. The Guthrie Clinic Financial Representatives review submitted applications, and determine financial assistance eligibility in accordance with the FAP.

Any individual determined to be eligible for financial assistance under the FAP will not be charged more than Amounts Generally Billed ("AGB") for emergency or other medically necessary healthcare services. Any FAP eligible individual will always be charged the lesser of AGB or any discount available under the FAP.

Availability of Translations: The FAP, Application and PLS are available in English and in the primary language of populations with limited proficiency in English ("LEP") that constitutes the lesser of 1,000 individuals or 5% of the community served by The Guthrie Clinic.

For help, assistance or questions please call the Financial Counseling Office at (570) 887-2051.



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000600
Patient Name	Zztst,Sproule P
Patient MRN	2227015
Statement Date	08/31/23

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SCAN & PAY

Outstanding Balance
\$50.00

Patient Balance due by
09/10/23
\$50.00

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$25.00/month** for **2 months**.

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Monday - Friday

Pay Online <http://e.guthrie.org/mychart>
Activation code: **V3JB8-DS9DK-3HZ54**
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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$50.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000600	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902672
Sproule P Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000600600000050004

Amount Due \$50.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000600
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2 of 3

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- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

BCBS MEDICARE ADV GENERIC/BCBS MEDICARE ADV GENERIC

Amount Due \$50.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000600
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	50.00	0.00	0.00	50.00	\$50.00
Totals	50.00	0.00	0.00	50.00	\$50.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Sproule P Zztst's visit to Kolade, Victor, MD The balance due is your responsibility. Please pay the amount in full.					
Acct #101222346					
09/09/22	Balance Forward	50.00	0.00	0.00	\$50.00
	<u>Balance Due</u>				<u>\$50.00</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000684
Patient Name	Zztst, Walczak W
Patient MRN	2227308
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$108.00

Patient Balance due by
09/10/23
\$108.00

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$54.00/month** for **2 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone

Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Activation code: **6PZ9B-G2BQ8-HF7XU**
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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$108.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000684	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902673
Walczak W Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000684400000108007

Amount Due \$108.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000684
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2 of 3

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- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$108.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000684
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	108.00	0.00	0.00	108.00	\$108.00
Totals	108.00	0.00	0.00	108.00	\$108.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Walczak W Zztst's visit to Acct #101223129 Aguilar, Cristina, MD The balance due is your responsibility. Please pay the amount in full.					
01/24/23	Balance Forward	108.00	0.00	0.00	\$108.00
	<u>Balance Due</u>				<u>\$108.00</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000714
Patient Name	Zztst,Sproule I
Patient MRN	2227008
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$50.00

Patient Balance due by
09/10/23
\$50.00

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$25.00/month** for **2 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone
Call 800-836-9990
8am to 5pm
Monday - Friday

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Need Assistance?

- Guthrie is proud of its mission to provide quality care to all who need it. If you do not have health insurance or worry that you may not be able to pay part or all of your care, we may be able to help. Guthrie's financial assistance program helps provide discounts on health care services, it's free to apply and available by scanning the QR code to the right or calling 570-887-2051.



PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$50.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000714	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902674
Sproule Zztst I
1 GUTHRIE SQ
SAYRE, PA 18840-1625



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000714000000050000

Amount Due \$50.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000714
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$50.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000714
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	50.00	0.00	0.00	50.00	\$50.00
Totals	50.00	0.00	0.00	50.00	\$50.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Sproule Zztst I's visit to Kolade, Victor, MD The balance due is your responsibility. Please pay the amount in full.					
Acct #101222531					
10/06/22	Balance Forward	50.00	0.00	0.00	\$50.00
	<u>Balance Due</u>				<u>\$50.00</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000716
Patient Name	Zztst, Grover R
Patient MRN	2226004
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$118.85

Patient Balance due by
09/10/23
\$118.85

Can't pay all at once? Set up a payment plan on <http://e.guthrie.org/mychart>! For example you could pay **\$59.43/month** for **2 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone
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Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$118.85
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000716	08/31/23
<input type="checkbox"/> Check	Check #
<input type="checkbox"/> Enclosed	

Please make check payable to:

GUT16X 4059835 410902675
Grover R Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000716600000118858

Amount Due \$118.85	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000716
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2 of 4

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$118.85	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000716
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3 of 4

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	119.00	0.00	-0.15	118.85	\$118.85
Totals	119.00	0.00	-0.15	118.85	\$118.85

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Grover R Zztst's visit to <i>GUTHRIE MEDICAL GROUP LABORATORY</i> <i>The balance due is your responsibility. Please pay the amount in full.</i>					
Acct #101222518					
10/05/22	Balance Forward	119.00	0.00	-0.15	\$118.85
	<u>Balance Due</u>				<u>\$118.85</u>

Amount Due \$118.85	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000716
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The Guthrie Clinic
Financial Assistance Policy - Plain Language Summary

The Financial Assistance Policy ("FAP") of The Guthrie Clinic, which includes Guthrie Medical Group, P.C., Robert Packer Hospital, Corning Hospital, Cortland Medical Center, Troy Community Hospital, Robert Packer Hospital at Towanda Campus, Guthrie Home Health, and Guthrie Hospice (collectively "The Guthrie Clinic") exists to provide financial assistance to patients who have healthcare needs and are uninsured, underinsured, ineligible for other government assistance, or are otherwise unable to pay for emergency or other medically necessary healthcare services based on their individual financial situation. Patients seeking financial assistance must apply for the program, which is summarized herein.

Eligible Services: Financial assistance is only available for emergency or other medically necessary healthcare services. Not all services provided within The Guthrie Clinic hospital facilities are covered under the FAP. Certain services which are separately billed by other providers may not be covered. Please refer to Appendix A of The Guthrie Clinics' FAP for a list of providers that provide healthcare services within each respective hospital facility and whether or not they are covered under the FAP.

Eligible Patients: Patients receiving eligible services, who satisfy the eligibility criteria and submit a completed financial assistance application including all required documentation.

How to Apply: The FAP and FAP Application may be obtained/completed/submitted as follows:

- Download the documents from the following website: <https://www.guthrie.org/patients-visitors/pay-mybill/financial-assistance>
- Request documents be mailed to you, by calling the Financial Counseling Office at (570) 887-2051.
- Paper copies are available within various areas throughout The Guthrie Clinic Hospital facilities. This includes, but is not limited to, emergency rooms, patient registration check-in areas and Financial Counseling Offices in each hospital facility.
- Financial Representatives are on-site to assist individuals with the FAP Application, if needed.
- Completed Applications (with all required supporting documentation) should be mailed to: Attention: Financial Counselors, The Guthrie Clinic, Patient Financial Services Department, One Guthrie Square, Sayre, PA 18840

Financial Assistance Eligibility: Generally, uninsured and underinsured patients may be eligible for full financial assistance when their family household income is less than or equal to 200% of the Federal Poverty Level ("FPL"). Patients with household income greater than 200% but less than or equal to 400% of FPL may be eligible for discounted care.

Financial assistance levels, based solely on FPL are:

- Family household income less than or equal to 200% of FPL; Full financial assistance; \$0 is billable to the patient.
- Family gross income greater than 200% but less than or equal to 300% of FPL; Partial financial assistance; lesser of 80% discount from charges or AGB.
- Family gross income greater than 300% but less than or equal to 400% of FPL; Partial financial assistance; lesser of 60% discount from charges or AGB.

Note: Other criteria beyond FPL are also be considered (i.e. residency status, insurance/other medical coverage, asset thresholds), may result in exceptions to the preceding. The Guthrie Clinic Financial Representatives review submitted applications, and determine financial assistance eligibility in accordance with the FAP.

Any individual determined to be eligible for financial assistance under the FAP will not be charged more than Amounts Generally Billed ("AGB") for emergency or other medically necessary healthcare services. Any FAP eligible individual will always be charged the lesser of AGB or any discount available under the FAP.

Availability of Translations: The FAP, Application and PLS are available in English and in the primary language of populations with limited proficiency in English ("LEP") that constitutes the lesser of 1,000 individuals or 5% of the community served by The Guthrie Clinic.

For help, assistance or questions please call the Financial Counseling Office at (570) 887-2051.



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000771
Patient Name	Zztst, Walczak N
Patient MRN	2227299
Statement Date	08/31/23

Outstanding Balance
\$75.00

Patient Balance due by
09/10/23
\$75.00

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$37.50/month** for **2 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone

Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Activation code: **8QC4H-K7WF3-NS4J7**
Not interested in signing up for eGuthrie? Use the Guarantor ID and Last Name detailed above to *Pay as Guest* on eGuthrie.

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- Guthrie is proud of its mission to provide quality care to all who need it. If you do not have health insurance or worry that you may not be able to pay part or all of your care, we may be able to help. Guthrie's financial assistance program helps provide discounts on health care services, it's free to apply and available by scanning the QR code to the right or calling 570-887-2051.



PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$75.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000771	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902676
Walczak N Zztst
134 HOMER AVE
CORTLAND, NY 13045-1206

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000771800000075003

Amount Due \$75.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000771
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

EXCELLUS MEDICARE ADVANTAGE/EXCELLUS MEDICARE BLUE PPO (302/802)

Amount Due \$75.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000771
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	75.00	0.00	0.00	75.00	\$75.00
Totals	75.00	0.00	0.00	75.00	\$75.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
	Walczak N Zztst's visit to GUTHRIE MEDICAL GROUP LABORATORY <i>The balance due is your responsibility. Please pay the amount in full.</i>				
	Acct #101222735				
11/09/22	Balance Forward	75.00	0.00	0.00	\$75.00
	<u>Balance Due</u>				<u>\$75.00</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000790
Patient Name	Zztst, Moore Z
Patient MRN	2226479
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$244.00

Patient Balance due by
09/10/23
\$244.00

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$122.00/month** for **2 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone
Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>
Activation code: **3FF5M-X9KS8-XF8XD**
Not interested in signing up for eGuthrie? Use the Guarantor ID and Last Name detailed above to *Pay as Guest* on eGuthrie.

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Need Assistance?

- Guthrie is proud of its mission to provide quality care to all who need it. If you do not have health insurance or worry that you may not be able to pay part or all of your care, we may be able to help. Guthrie's financial assistance program helps provide discounts on health care services, it's free to apply and available by scanning the QR code to the right or calling 570-887-2051.



PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date 09/10/23	Amount Due \$244.00	Guarantor # 100000790	Statement Date 08/31/23
Amount Enclosed:	\$	<input type="checkbox"/> Check Enclosed	Check # _____

Please make check payable to:

GUT16X 4059835 410902677
Moore Z Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000790400000244004

Amount Due \$244.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000790
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

MEDICARE/MEDICARE-PART A ONLY

Amount Due \$244.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000790
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	244.00	0.00	0.00	244.00	\$244.00
Totals	244.00	0.00	0.00	244.00	\$244.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Moore Z Zztst's visit to Robert Packer Hospital, Towanda Campus Acct #312011054 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
11/04/21	Balance Forward	108.00	0.00	0.00	\$108.00
Moore Z Zztst's visit to Acct #101221914 GUTHRIE MEDICAL GROUP LABORATORY <i>The balance due is your responsibility. Please pay the amount in full.</i>					
06/17/22	Balance Forward	136.00	0.00	0.00	\$136.00
	Balance Due				\$244.00



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000800
Patient Name	Zztst,Dolan D
Patient MRN	2225730
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$18.00

Patient Balance due by
09/10/23
\$18.00

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$18.00/month** for **1 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone
Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>
Activation code: **V6JJ8-WW2ZP-5JF9Q**
Not interested in signing up for eGuthrie? Use the Guarantor ID and Last Name detailed above to *Pay as Guest* on eGuthrie.

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$18.00
Amount Enclosed:	\$

Guarantor #	Statement Date
100000800	08/31/23
<input type="checkbox"/> Check Enclosed	Check #

Please make check payable to:

GUT16X 4059835 410902678
Dolan D Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000800600000018006

Amount Due \$18.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000800
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2 of 3

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- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$18.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000800
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	18.00	0.00	0.00	18.00	\$18.00
Totals	18.00	0.00	0.00	18.00	\$18.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Dolan D Zztst's visit to Hojjati, Hani, MD The balance due is your responsibility. Please pay the amount in full.					
Acct #101222180					
05/19/22 to 08/25/22	Balance Forward	18.00	0.00	0.00	\$18.00
	<u>Balance Due</u>				<u>\$18.00</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000807
Patient Name	Zztst, Walczak O
Patient MRN	2227300
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Payment plan amount of **\$0.00** now due.

Outstanding Balance
\$2,771.80

Patient Balance due by
09/10/23
\$2,771.80

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.



Pay by Phone

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8am to 5pm
Monday - Friday



Pay Online <http://e.guthrie.org/mychart>

Activation code: **8VB7V-B2CR4-JP7MS**
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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$2,771.80
Amount Enclosed:	\$

Guarantor #	Statement Date
100000807	08/31/23
<input type="checkbox"/> Check Enclosed	Check #

Please make check payable to:

GUT16X 4059835 410902679
Walczak O Zztst
134 HOMER AVE
CORTLAND, NY 13045-1206

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000807200002771806

Amount Due \$2,771.80	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000807
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2 of 5

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$2,771.80	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000807
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3 of 5

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	2,852.00	0.00	-80.20	2,771.80	\$2,771.80
Totals	2,852.00	0.00	-80.20	2,771.80	\$2,771.80

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Walczak O Zztst's visit to Cortland Medical Center			Acct #600001544		
03/28/22	Balance Forward	115.50	0.00	-115.50	\$0.00
Walczak O Zztst's visit to Cortland Medical Center <i>The balance due is your responsibility. Please pay the amount in full.</i>			Acct #600001634		
04/27/22	Balance Forward	94.50	0.00	9.10	\$103.60
Walczak O Zztst's visit to Cortland Medical Center <i>The balance due is your responsibility. Please pay the amount in full.</i>			Acct #600001653		
06/02/22	Balance Forward	621.00	0.00	27.45	\$648.45
Walczak O Zztst's visit to Cortland Medical Center <i>The balance due is your responsibility. Please pay the amount in full.</i>			Acct #600001667		
06/17/22	Balance Forward	56.75	0.00	5.47	\$62.22
Walczak O Zztst's visit to Cortland Medical Center <i>The balance due is your responsibility. Please pay the amount in full.</i>			Acct #600001688		
07/19/22	Balance Forward	79.25	0.00	7.63	\$86.88
Walczak O Zztst's visit to Cortland Medical Center <i>The balance due is your responsibility. Please pay the amount in full.</i>			Acct #600001754		
10/04/22	Balance Forward	168.75	0.00	13.00	\$181.75
Walczak O Zztst's visit to Cortland Medical Center <i>The balance due is your responsibility. Please pay the amount in full.</i>			Acct #600001766		
10/26/22	Balance Forward	306.50	0.00	23.61	\$330.11
Walczak O Zztst's visit to Cortland Medical Center <i>The balance due is your responsibility. Please pay the amount in full.</i>			Acct #600001774		
11/09/22	Balance Forward	218.00	0.00	16.79	\$234.79
Walczak O Zztst's visit to GUTHRIE MEDICAL GROUP LABORATORY <i>The balance due is your responsibility. Please pay the amount in full.</i>			Acct #101222754		
11/11/22	Balance Forward	75.00	0.00	0.00	\$75.00

Amount Due \$2,771.80	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000807
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4 of 5

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Walczak O Zztst's visit to GUTHRIE MEDICAL GROUP LABORATORY <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #101222765					
11/11/22	Balance Forward	32.00	0.00	0.00	\$32.00
Walczak O Zztst's visit to GUTHRIE MEDICAL GROUP LABORATORY <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #101222766					
11/11/22	Balance Forward	75.00	0.00	0.00	\$75.00
Walczak O Zztst's visit to Cortland Medical Center <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #600001777					
11/11/22	Balance Forward	65.00	0.00	5.01	\$70.01
Walczak O Zztst's visit to Cortland Medical Center <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #600001853					
02/03/23	Balance Forward	176.50	0.00	-21.70	\$154.80
Walczak O Zztst's visit to Corning Hospital <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #412011084					
03/06/23	Balance Forward	215.75	0.00	-26.53	\$189.22
Walczak O Zztst's visit to Cortland Medical Center Acct #600001951					
06/28/23	Laboratory - General Insurance Adjustment - 06/29/23 Guthrie Adjustment - 06/29/23 Totals	112.75 112.75		8.69 -22.55 -13.86	\$98.89
Walczak O Zztst's visit to Poulose, Joyson, MD Acct #101224413					
07/06/23	Prothrombin Time Cell Count,Misc Body Fluids Totals	34.00 51.00 85.00			\$85.00
Walczak O Zztst's visit to Cortland Medical Center Acct #600001958					
07/06/23	Laboratory - General Insurance Adjustment - 07/07/23 Guthrie Adjustment - 07/07/23 Totals	86.75 86.75		6.68 -17.35 -10.67	\$76.08
Walczak O Zztst's visit to Poulose, Joyson, MD Acct #101224470					

Amount Due \$2,771.80	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000807
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5 of 5

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
07/13/23	Prothrombin Time	34.00			
	Totals	34.00			\$34.00
Walczak O Zztst's visit to Poulose, Joyson, MD Acct #101224488					
07/18/23	Vitamin B-12	116.00			
	Totals	116.00			\$116.00
Walczak O Zztst's visit to Poulose, Joyson, MD Acct #101224575					
08/07/23	PR Urine Culture (C&S) (qty: 2)	118.00			
	Totals	118.00			\$118.00
	Balance Due				\$2,771.80



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000827
Patient Name	Zzint, Gihod
Patient MRN	2228125
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$500.00

Patient Balance due by
09/10/23
\$500.00

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$125.00/month** for **4 months**.

Your account remains past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance. If we do not hear from you, this account will be prepared for placement with our collection agency.

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PO BOX 826908
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Due Date	Amount Due
09/10/23	\$500.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000827	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902680
Gihod Zzint
123 FIVE 6TH ST
SAYRE, PA 18840

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000827600000500009

Amount Due \$500.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000827
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2 of 3

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- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

AETNA COMMERCIAL/AETNA

Amount Due \$500.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000827
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	1,465.00	-965.00	0.00	500.00	\$500.00
Totals	1,465.00	-965.00	0.00	500.00	\$500.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Gihod Zzint's visit to <i>Hojjati, Hani, MD</i> <i>This account is past due. Please call us for payment arrangements or financial assistance.</i>					
Acct #101217364					
09/14/21	Balance Forward	1,465.00	-965.00	0.00	\$500.00
	<u>Balance Due</u>				<u>\$500.00</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000846
Patient Name	Zztst, Williams D
Patient MRN	2227315
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Payment plan amount of **\$0.00** now due.

Outstanding Balance
\$5,774.49

Patient Balance due by
09/10/23
\$5,774.49

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

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Activation code: **RG9WJ-5SQ4C-N3JSH**
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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$5,774.49
Amount Enclosed:	\$

Guarantor #	Statement Date
100000846	08/31/23
<input type="checkbox"/> Check Enclosed	Check #

Please make check payable to:

GUT16X 4059835 410902681
Williams D Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000846200005774493

Amount Due \$5,774.49	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000846
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2 of 3

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- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$5,774.49	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000846
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Patient Balance	Patient Balance
All Accounts	6,197.75	0.00	-423.26	5,774.49	\$5,774.49
Totals	6,197.75	0.00	-423.26	5,774.49	\$5,774.49

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Williams D Zztst's visit to Cortland Medical Center <i>The balance due is your responsibility. Please pay the amount in full.</i>					
Acct #600001696					
07/26/22	Balance Forward	1,207.25	0.00	116.26	\$1,323.51
Williams D Zztst's visit to Troy Community Hospital <i>The balance due is your responsibility. Please pay the amount in full.</i>					
Acct #182010357					
08/10/22	Balance Forward	1,037.00	0.00	0.00	\$1,037.00
Williams D Zztst's visit to Robert Packer Hospital <i>The balance due is your responsibility. Please pay the amount in full.</i>					
Acct #112013656					
02/13/23	Balance Forward	1,143.50	0.00	-228.70	\$914.80
Williams D Zztst's visit to Robert Packer Hospital <i>The balance due is your responsibility. Please pay the amount in full.</i>					
Acct #112013676					
02/28/23	Balance Forward	1,251.75	0.00	-250.35	\$1,001.40
Williams D Zztst's visit to Corning Hospital <i>The balance due is your responsibility. Please pay the amount in full.</i>					
Acct #412011081					
03/02/23	Balance Forward	491.75	0.00	-60.47	\$431.28
Williams D Zztst's visit to Cipriano, Ashley, DO <i>The balance due is your responsibility. Please pay the amount in full.</i>					
Acct #101223611					
03/29/23	Balance Forward	132.00	0.00	0.00	\$132.00
Williams D Zztst's visit to Robert Packer Hospital					
Acct #112013972					
08/07/23	Other Imaging Services - General	934.50			
	Totals	934.50			\$934.50
	Balance Due				\$5,774.49



PO BOX 826908
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Guarantor #	100000850
Patient Name	Zztst, Antonetti R
Patient MRN	2225380
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$17.00

Patient Balance due by
09/10/23
\$17.00

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$17.00/month** for **1 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

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Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Activation code: **PV6SQ-5RV2N-V7BT5**
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PHILADELPHIA, PA 19182-6908

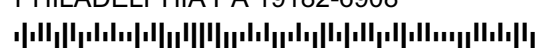
Due Date	Amount Due
09/10/23	\$17.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000850	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902682
Antonetti R Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000850100000017003

Amount Due \$17.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000850
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2 of 3

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Amount Due \$17.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000850
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	17.00	0.00	0.00	17.00	\$17.00
Totals	17.00	0.00	0.00	17.00	\$17.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
	Antonetti R Zztst's visit to <i>GUTHRIE MEDICAL GROUP LABORATORY</i> <i>The balance due is your responsibility. Please pay the amount in full.</i>				
					Acct #101222857
12/12/22	Balance Forward	17.00	0.00	0.00	\$17.00
	<u>Balance Due</u>				<u>\$17.00</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000851
Patient Name	Zztst, Antonetti S
Patient MRN	2225381
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$123.59

Patient Balance due by
09/10/23
\$123.59

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$61.80/month** for **2 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

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Monday - Friday

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$123.59
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000851	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902683
Antonetti S Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000851900000123596

Amount Due \$123.59	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000851
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2 of 3

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Amount Due \$123.59	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000851
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	114.75	0.00	8.84	123.59	\$123.59
Totals	114.75	0.00	8.84	123.59	\$123.59

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Antonetti S Zztst's visit to Cortland Medical Center Acct #600001784 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
11/17/22	Balance Forward	114.75	0.00	8.84	\$123.59
	<u>Balance Due</u>				<u>\$123.59</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000854
Patient Name	Test, Vickie
Patient MRN	2228117
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Payment plan amount of **\$0.00** now due.

Outstanding Balance
\$661.45

Patient Balance due by
09/10/23
\$661.45

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

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Activation code: **7FX5W-M8MJ7-TB7PX**
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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$661.45
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000854	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902684 E
Vickie Test
HOMER AVENUE
CORTLAND, NY 13045

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000854300000661450

Amount Due \$661.45	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000854
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2 of 3

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Amount Due \$661.45	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000854
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	739.25	0.00	-77.80	661.45	\$661.45
Totals	739.25	0.00	-77.80	661.45	\$661.45

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Vickie Test's visit to Cortland Medical Center Acct #600001676 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
06/30/22	Balance Forward	59.75	0.00	5.75	\$65.50
Vickie Test's visit to Cortland Medical Center Acct #600001935					
06/19/23	Laboratory - General	439.00			
	Insurance Adjustment - 06/20/23			33.82	
	Guthrie Adjustment - 06/20/23			-87.80	
	Totals	439.00		-53.98	\$385.02
Vickie Test's visit to Cortland Medical Center Acct #600001944					
06/27/23	Laboratory - General	240.50			
	Insurance Adjustment - 06/28/23			18.53	
	Guthrie Adjustment - 06/28/23			-48.10	
	Totals	240.50		-29.57	\$210.93
	Balance Due				\$661.45



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000908
Patient Name	Test,Lady T
Patient MRN	2228168
Statement Date	08/31/23

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SCAN & PAY

Payment plan amount of **\$0.00** now due.

Outstanding Balance
\$545.46

Patient Balance due by
09/10/23
\$545.46

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$545.46
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000908	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902685

Lady T Test
28100 N ASHLEY CIR
LIBERTYVILLE, IL 60048-9478



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000908500000545464

Amount Due \$545.46	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000908
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2 of 3

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- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$545.46	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000908
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	607.00	0.00	-61.54	545.46	\$545.46
Totals	607.00	0.00	-61.54	545.46	\$545.46

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Lady T Test's visit to Cortland Medical Center Acct #600001677 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
06/30/22	Balance Forward	59.75	0.00	5.75	\$65.50
Lady T Test's visit to Cortland Medical Center Acct #600001936					
06/19/23	Laboratory - General	439.00			
	Insurance Adjustment - 06/20/23			33.82	
	Guthrie Adjustment - 06/20/23			-87.80	
	Totals	439.00		-53.98	\$385.02
Lady T Test's visit to Cortland Medical Center Acct #600001947					
06/27/23	Laboratory - General	108.25			
	Insurance Adjustment - 06/28/23			8.34	
	Guthrie Adjustment - 06/28/23			-21.65	
	Totals	108.25		-13.31	\$94.94
	Balance Due				\$545.46



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000912
Patient Name	Zztst, Antonetti T
Patient MRN	2225382
Statement Date	08/31/23

Outstanding Balance
\$71.00

Patient Balance due by
09/10/23
\$71.00

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$71.00
Amount Enclosed:	\$

Guarantor #	Statement Date
100000912	08/31/23
<input type="checkbox"/> Check Enclosed	Check #

Please make check payable to:

GUT16X 4059835 410902686
Antonetti T Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000912400000071005

Amount Due \$71.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000912
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2 of 3

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- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$71.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000912
-------------------------------------	--	------------------------------------	--

3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	71.00	0.00	0.00	71.00	\$71.00
Totals	71.00	0.00	0.00	71.00	\$71.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
	Antonetti T Zztst's visit to <i>GUTHRIE MEDICAL GROUP LABORATORY</i> <i>The balance due is your responsibility. Please pay the amount in full.</i>				
					Acct #101218924
12/14/21	Balance Forward	71.00	0.00	0.00	\$71.00
	<u>Balance Due</u>				<u>\$71.00</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000916
Patient Name	Test, Ema
Patient MRN	2228173
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Payment plan amount of **\$0.00** now due.

Outstanding Balance
\$1,023.51

Patient Balance due by
09/10/23
\$1,023.51

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone

Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Activation code: **6RQ2M-B2GH3-BG3P7**
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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$1,023.51
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000916	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902687

Ema Test
3600 FAU BLVD
BOCA RATON, FL 33431-6474

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000916600001023516

Amount Due \$1,023.51	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000916
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$1,023.51	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000916
--	--	------------------------------------	--

3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	1,125.50	0.00	-101.99	1,023.51	\$1,023.51
Totals	1,125.50	0.00	-101.99	1,023.51	\$1,023.51

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Ema Test's visit to Cortland Medical Center <i>The balance due is your responsibility. Please pay the amount in full.</i>		Acct #600001716			
08/18/22	Balance Forward	62.75	0.00	4.83	\$67.58
Ema Test's visit to Cortland Medical Center		Acct #600001937			
06/19/23	Laboratory - General	408.00			
	Insurance Adjustment - 06/20/23			31.43	
	Guthrie Adjustment - 06/20/23			-81.60	
	Totals	408.00		-50.17	\$357.83
Ema Test's visit to <i>Poulose, Joyson, MD</i>		Acct #101224495			
07/18/23	Fibrin Degradproducts,D-Dimer, Qual	63.00			
	Fibrinogen, Activity	53.00			
	Prothrombin Time	34.00			
	Thromboplas Time Partial	44.00			
	Totals	194.00			\$194.00
Ema Test's visit to Cortland Medical Center		Acct #600001971			
07/18/23	Laboratory - General	460.75			
	Insurance Adjustment - 07/19/23			35.50	
	Guthrie Adjustment - 07/19/23			-92.15	
	Totals	460.75		-56.65	\$404.10
	Balance Due				\$1,023.51



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000920
Patient Name	Zztst, Walczak T
Patient MRN	2227305
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$145.75

Patient Balance due by
09/10/23
\$145.75

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$72.88/month** for **2 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone

Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Activation code: **BP4SF-3DK6N-P5CKU**
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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$145.75
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000920	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902688
Walczak T Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000920500000145754

Amount Due \$145.75	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000920
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2 of 3

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- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$145.75	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000920
--------------------------------------	--	------------------------------------	--

3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	145.75	0.00	0.00	145.75	\$145.75
Totals	145.75	0.00	0.00	145.75	\$145.75

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Walczak T Zztst's visit to Troy Community Hospital Acct #182010348 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
05/17/22	Balance Forward	145.75	0.00	0.00	\$145.75
	<u>Balance Due</u>				<u>\$145.75</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000952
Patient Name	Test, Patient T
Patient MRN	2228185
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Payment plan amount of **\$0.00** now due.

Outstanding Balance
\$511.47

Patient Balance due by
09/10/23
\$511.47

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone

Call 800-836-9990
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Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Activation code: **NX4RS-3GP6N-W4WNZ**
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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$511.47
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000952	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902689

Patient T Test
3600 FAU BLVD
BOCA RATON, FL 33431-6474



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000952200000511473

Amount Due \$511.47	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000952
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$511.47	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000952
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Patient Balance	Patient Balance
All Accounts	568.25	0.00	-56.78	511.47	\$511.47
Totals	568.25	0.00	-56.78	511.47	\$511.47

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Patient T Test's visit to Cortland Medical Center Acct #600001678 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
06/30/22	Balance Forward	59.75	0.00	5.75	\$65.50
Patient T Test's visit to Cortland Medical Center Acct #600001938					
06/19/23	Laboratory - General	408.00			
	Insurance Adjustment - 06/20/23			31.43	
	Guthrie Adjustment - 06/20/23			-81.60	
	Totals	408.00		-50.17	\$357.83
Patient T Test's visit to Cortland Medical Center Acct #600001943					
06/27/23	Laboratory - General	100.50			
	Insurance Adjustment - 06/28/23			7.74	
	Guthrie Adjustment - 06/28/23			-20.10	
	Totals	100.50		-12.36	\$88.14
	Balance Due				\$511.47



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000997
Patient Name	Zztst, Antonetti N
Patient MRN	2225376
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$901.87

Patient Balance due by
09/10/23
\$901.87

Payment plan amount of **\$0.00** now due.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

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Pay Online <http://e.guthrie.org/mychart>

Activation code: **VT3GC-9ZM9W-T2GP3**
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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$901.87
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000997	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902690
Antonetti N Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000997000000901875

Amount Due \$901.87	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000997
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$901.87	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000997
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	962.50	0.00	-60.63	901.87	\$901.87
Totals	962.50	0.00	-60.63	901.87	\$901.87

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Antonetti N Zztst's visit to GUTHRIE MEDICAL GROUP LABORATORY <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #101222870					
12/15/22	Balance Forward	571.00	0.00	0.00	\$571.00
Antonetti N Zztst's visit to Poulose, Joyson, MD <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #101223602					
03/27/23	Balance Forward	71.00	0.00	0.00	\$71.00
Antonetti N Zztst's visit to Corning Hospital Acct #412011164					
05/31/23	Laboratory - General	45.00			
	Insurance Adjustment - 06/20/23			3.47	
	Guthrie Adjustment - 06/20/23			-9.00	
	Totals	45.00		-5.53	\$39.47
Antonetti N Zztst's visit to Troy Community Hospital Acct #182010393					
06/07/23	Laboratory - General	275.50			
	Guthrie Adjustment - 06/16/23			-55.10	
	Totals	275.50		-55.10	\$220.40
	Balance Due				\$901.87



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100001001
Patient Name	Test, Hive
Patient MRN	2228226
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Payment plan amount of **\$0.00** now due.

Outstanding Balance
\$661.45

Patient Balance due by
09/10/23
\$661.45

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.



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Monday - Friday



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Activation code: **4PN4R-Z2BV7-XX2DQ**
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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$661.45
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100001001	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902691
Hive Test
PO BOX 981106
EL PASO, TX 79998-1106

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100001001700000661456

Amount Due \$661.45	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100001001
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$661.45	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100001001
--------------------------------------	--	------------------------------------	--

3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	739.25	0.00	-77.80	661.45	\$661.45
Totals	739.25	0.00	-77.80	661.45	\$661.45

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Hive Test's visit to Cortland Medical Center Acct #600001680 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
06/30/22	Balance Forward	59.75	0.00	5.75	\$65.50
Hive Test's visit to Cortland Medical Center Acct #600001940					
06/23/23	Laboratory - General	439.00			
	Insurance Adjustment - 06/24/23			33.82	
	Guthrie Adjustment - 06/24/23			-87.80	
	Totals	439.00		-53.98	\$385.02
Hive Test's visit to Cortland Medical Center Acct #600001945					
06/27/23	Laboratory - General	240.50			
	Insurance Adjustment - 06/28/23			18.53	
	Guthrie Adjustment - 06/28/23			-48.10	
	Totals	240.50		-29.57	\$210.93
	Balance Due				\$661.45



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100001057
Patient Name	Zztst, Antonetti V
Patient MRN	2225384
Statement Date	08/31/23

Outstanding Balance
\$97.47

Patient Balance due by
09/10/23
\$97.47

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



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Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Activation code: **H2GB3-BQ5PV-7TB85**
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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$97.47
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100001057	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902692
Antonetti Zztst V
1 GUTHRIE SQ
SAYRE, PA 18840-1625



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100001057000000097472

Amount Due \$97.47	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100001057
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$97.47	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100001057
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	90.50	0.00	6.97	97.47	\$97.47
Totals	90.50	0.00	6.97	97.47	\$97.47

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Antonetti Zztst V's visit to Cortland Medical Center					Acct #600001795
<i>The balance due is your responsibility. Please pay the amount in full.</i>					
12/01/22	Balance Forward	90.50	0.00	6.97	\$97.47
	<u>Balance Due</u>				\$97.47



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100001075
Patient Name	Zztst,Shields U
Patient MRN	2226968
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$159.13

Patient Balance due by
09/10/23
\$159.13

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$79.57/month** for **2 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

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8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$159.13
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100001075	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902693
Shields U Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100001075800000159132

Amount Due \$159.13	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100001075
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$159.13	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100001075
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	147.75	0.00	11.38	159.13	\$159.13
Totals	147.75	0.00	11.38	159.13	\$159.13

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Shields U Zztst's visit to Cortland Medical Center Acct #600001803 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
12/09/22	Balance Forward	147.75	0.00	11.38	\$159.13
	<u>Balance Due</u>				<u>\$159.13</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100001098
Patient Name	Boob,Bettie
Patient MRN	2228273
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$158.97

Patient Balance due by
09/10/23
\$158.97

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$79.49/month** for **2 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

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8am to 5pm
Monday - Friday

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Activation code: **NB5CV-8TQ3R-S2JW4**
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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date 09/10/23	Amount Due \$158.97	Guarantor # 100001098	Statement Date 08/31/23
Amount Enclosed:	\$	<input type="checkbox"/> Check Enclosed	Check # _____

Please make check payable to:

GUT16X 4059835 410902694

Bettie Boob
134 HOMER AVE
CORTLAND, NY 13045-1206



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100001098600000158979

Amount Due \$158.97	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100001098
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$158.97	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100001098
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	145.00	0.00	13.97	158.97	\$158.97
Totals	145.00	0.00	13.97	158.97	\$158.97

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Bettie Boob's visit to Cortland Medical Center Acct #600001601 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
04/13/22	Balance Forward	35.75	0.00	3.44	\$39.19
Bettie Boob's visit to Cortland Medical Center Acct #600001602 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
04/13/22	Balance Forward	52.50	0.00	5.06	\$57.56
Bettie Boob's visit to Cortland Medical Center Acct #600001603 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
04/13/22	Balance Forward	56.75	0.00	5.47	\$62.22
	Balance Due				\$158.97



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Guarantor #	100001110
Patient Name	Zztst, Antonetti X
Patient MRN	2225386
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$314.00

Patient Balance due by
09/10/23
\$314.00

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$78.50/month** for **4 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone

Call 800-836-9990
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Pay Online <http://e.guthrie.org/mychart>

Activation code: **VN4ZR-2KF5H-Z2SJ3**
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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$314.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100001110	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902695
Antonetti X Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100001110100000314005

Amount Due \$314.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100001110
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2 of 3

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- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$314.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100001110
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	314.00	0.00	0.00	314.00	\$314.00
Totals	314.00	0.00	0.00	314.00	\$314.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
	Antonetti X Zztst's visit to <i>GUTHRIE MEDICAL GROUP LABORATORY</i> <i>The balance due is your responsibility. Please pay the amount in full.</i>				
					Acct #101219767
04/12/22	Balance Forward	314.00	0.00	0.00	\$314.00
	<u>Balance Due</u>				<u>\$314.00</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100001111
Patient Name	Zztst, Antonetti Y
Patient MRN	2225387
Statement Date	08/31/23

Outstanding Balance
\$32.00

Patient Balance due by
09/10/23
\$32.00

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$25.00/month** for **2 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

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Activation code: **9NW4J-C9TP6-WP5HY**
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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$32.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100001111	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902696
Antonetti Y Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100001111900000032006

Amount Due \$32.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100001111
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2 of 3

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- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$32.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100001111
-------------------------------------	--	------------------------------------	--

3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	32.00	0.00	0.00	32.00	\$32.00
Totals	32.00	0.00	0.00	32.00	\$32.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Antonetti Y Zztst's visit to Acct #101219769 Corey, Mark J, MD The balance due is your responsibility. Please pay the amount in full.					
04/12/22	Balance Forward	32.00	0.00	0.00	\$32.00
	<u>Balance Due</u>				<u>\$32.00</u>



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Guarantor #	100001130
Patient Name	Chase, Chevi
Patient MRN	2228318
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$102.50

Patient Balance due by
09/10/23
\$102.50

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$51.25/month** for **2 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

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Activation code: **F2BJ5-QJ4HJ-3ST73**
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PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$102.50
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100001130	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902697
Chevi Chase
112 CHRISTOPHER CIR
ITHACA, NY 14850-1702

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100001130500000102508

Amount Due \$102.50	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100001130
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2 of 3

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- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$102.50	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100001130
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	93.50	0.00	9.00	102.50	\$102.50
Totals	93.50	0.00	9.00	102.50	\$102.50

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Chevi Chase's visit to Cortland Medical Center					Acct #600001641
<i>The balance due is your responsibility. Please pay the amount in full.</i>					
05/10/22	Balance Forward	93.50	0.00	9.00	\$102.50
	<u>Balance Due</u>				<u>\$102.50</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100001136
Patient Name	Zztst, Antonetti J
Patient MRN	2225372
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$325.00

Patient Balance due by
09/10/23
\$325.00

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$81.25/month** for **4 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

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Activation code: **WS5ZK-2MW7K-J7ZCJ**
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PO BOX 826908
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Due Date	Amount Due
09/10/23	\$325.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100001136	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902698
Antonetti J Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100001136300000325004

Amount Due \$325.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100001136
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2 of 3

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- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$325.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100001136
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	325.00	0.00	0.00	325.00	\$325.00
Totals	325.00	0.00	0.00	325.00	\$325.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Antonetti J Zztst's visit to Singh, Jagmeet, MD,FACP,FASN The balance due is your responsibility. Please pay the amount in full.					
Acct #101219946					
05/09/22	Balance Forward	216.00	0.00	0.00	\$216.00
Antonetti J Zztst's visit to GUTHRIE MEDICAL GROUP LABORATORY The balance due is your responsibility. Please pay the amount in full.					
Acct #101221928					
06/20/22	Balance Forward	92.00	0.00	0.00	\$92.00
Antonetti J Zztst's visit to Corey, Mark J, MD The balance due is your responsibility. Please pay the amount in full.					
Acct #101222839					
12/05/22	Balance Forward	17.00	0.00	0.00	\$17.00
	Balance Due				\$325.00



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Guarantor #	100001172
Patient Name	Zztst,Beach A
Patient MRN	2225415
Statement Date	08/31/23

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SCAN & PAY

Payment plan amount of **\$0.00** now due.

Outstanding Balance
\$542.00

Patient Balance due by
09/10/23
\$542.00

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

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Activation code: **8GT6F-H8GF2-BM9X2**
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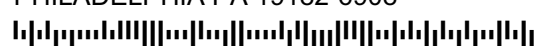
Due Date	Amount Due
09/10/23	\$542.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100001172	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902699
Beach A Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100001172900000542009

Amount Due \$542.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100001172
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2 of 3

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- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$542.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100001172
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	542.00	0.00	0.00	542.00	\$542.00
Totals	542.00	0.00	0.00	542.00	\$542.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Beach A Zztst's visit to <i>GUTHRIE MEDICAL GROUP LABORATORY</i> <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #101222623					
10/19/22 to 11/15/22	Balance Forward	413.00	0.00	0.00	\$413.00
Beach A Zztst's visit to <i>Poulose, Joyson, MD</i> <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #101222831					
03/30/23 to 07/24/23	Balance Forward	64.00	0.00	0.00	\$64.00
	PR Collection Venous Blood,Venipuncture	18.00			
	Totals	82.00			\$82.00
Beach A Zztst's visit to <i>Poulose, Joyson, MD</i> Acct #101224532					
07/24/23	Assay of Creatinine	29.00			
	Totals	29.00			\$29.00
Beach A Zztst's visit to <i>GUTHRIE MEDICAL GROUP LABORATORY</i> Acct #101224690					
08/17/23	PR Collection Venous Blood,Venipuncture	18.00			
	Totals	18.00			\$18.00
	Balance Due				\$542.00



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100001173
Patient Name	Zztst,Beach B
Patient MRN	2225416
Statement Date	08/31/23

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SCAN & PAY

Outstanding Balance
\$312.45

Patient Balance due by
09/10/23
\$312.45

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Activation code: **9ZC8N-J3HX8-PB6KW**
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Due Date	Amount Due
09/10/23	\$312.45
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100001173	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902700
Beach B Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100001173700000312458

Amount Due \$312.45	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100001173
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2 of 3

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- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$312.45	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100001173
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	285.00	0.00	27.45	312.45	\$312.45
Totals	285.00	0.00	27.45	312.45	\$312.45

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Beach B Zztst's visit to Cortland Medical Center Acct #600001656 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
06/07/22	Balance Forward	285.00	0.00	27.45	\$312.45
	<u>Balance Due</u>				<u>\$312.45</u>



PO BOX 826908
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Guarantor #	100001234
Patient Name	Zztst,Darrow D
Patient MRN	2225626
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$312.45

Patient Balance due by
09/10/23
\$312.45

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$78.12/month** for **4 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

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Monday - Friday

Pay Online <http://e.guthrie.org/mychart>
Activation code: **FK6JG-7TC7V-T6FRG**
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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$312.45
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100001234	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902701
Darrow D Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100001234200000312458

Amount Due \$312.45	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100001234
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$312.45	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100001234
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	285.00	0.00	27.45	312.45	\$312.45
Totals	285.00	0.00	27.45	312.45	\$312.45

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Darrow D Zztst's visit to Cortland Medical Center Acct #600001658 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
06/07/22	Balance Forward	285.00	0.00	27.45	\$312.45
	<u>Balance Due</u>				<u>\$312.45</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100001334
Patient Name	Zztst, Gilson F
Patient MRN	2225966
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$4,663.03

Patient Balance due by
09/10/23
\$4,663.03

Can't pay all at once? Set up a payment plan on <http://e.guthrie.org/mychart>! For example you could pay **\$582.88/month** for **8 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone
Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Mail In
Mail your payment with the coupon at the bottom of this page

Need Assistance?

- Guthrie is proud of its mission to provide quality care to all who need it. If you do not have health insurance or worry that you may not be able to pay part or all of your care, we may be able to help. Guthrie's financial assistance program helps provide discounts on health care services, it's free to apply and available by scanning the QR code to the right or calling 570-887-2051.



PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$4,663.03
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100001334	08/31/23
<input type="checkbox"/> Check	Check #
<input type="checkbox"/> Enclosed	

Please make check payable to:

GUT16X 4059835 410902702
Gilson F Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100001334700004663038

Amount Due \$4,663.03	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100001334
--	--	------------------------------------	--

2 of 4

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$4,663.03	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100001334
--	--	------------------------------------	--

3 of 4

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	4,723.50	0.00	-60.47	4,663.03	\$4,663.03
Totals	4,723.50	0.00	-60.47	4,663.03	\$4,663.03

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Gilson F Zztst's visit to Robert Packer Hospital Acct #112013246 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
07/14/22	Balance Forward	4,231.75	0.00	0.00	\$4,231.75
Gilson F Zztst's visit to Corning Hospital Acct #412011100 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
04/06/23	Balance Forward	491.75	0.00	-60.47	\$431.28
	<u>Balance Due</u>				<u>\$4,663.03</u>

Amount Due \$4,663.03	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100001334
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4 of 4

The Guthrie Clinic Financial Assistance Policy - Plain Language Summary

The Financial Assistance Policy ("FAP") of The Guthrie Clinic, which includes Guthrie Medical Group, P.C., Robert Packer Hospital, Corning Hospital, Cortland Medical Center, Troy Community Hospital, Robert Packer Hospital at Towanda Campus, Guthrie Home Health, and Guthrie Hospice (collectively "The Guthrie Clinic") exists to provide financial assistance to patients who have healthcare needs and are uninsured, underinsured, ineligible for other government assistance, or are otherwise unable to pay for emergency or other medically necessary healthcare services based on their individual financial situation. Patients seeking financial assistance must apply for the program, which is summarized herein.

Eligible Services: Financial assistance is only available for emergency or other medically necessary healthcare services. Not all services provided within The Guthrie Clinic hospital facilities are covered under the FAP. Certain services which are separately billed by other providers may not be covered. Please refer to Appendix A of The Guthrie Clinics' FAP for a list of providers that provide healthcare services within each respective hospital facility and whether or not they are covered under the FAP.

Eligible Patients: Patients receiving eligible services, who satisfy the eligibility criteria and submit a completed financial assistance application including all required documentation.

How to Apply: The FAP and FAP Application may be obtained/completed/submitted as follows:

- Download the documents from the following website: <https://www.guthrie.org/patients-visitors/pay-mybill/financial-assistance>
- Request documents be mailed to you, by calling the Financial Counseling Office at (570) 887-2051.
- Paper copies are available within various areas throughout The Guthrie Clinic Hospital facilities. This includes, but is not limited to, emergency rooms, patient registration check-in areas and Financial Counseling Offices in each hospital facility.
- Financial Representatives are on-site to assist individuals with the FAP Application, if needed.
- Completed Applications (with all required supporting documentation) should be mailed to: Attention: Financial Counselors, The Guthrie Clinic, Patient Financial Services Department, One Guthrie Square, Sayre, PA 18840

Financial Assistance Eligibility: Generally, uninsured and underinsured patients may be eligible for full financial assistance when their family household income is less than or equal to 200% of the Federal Poverty Level ("FPL"). Patients with household income greater than 200% but less than or equal to 400% of FPL may be eligible for discounted care.

Financial assistance levels, based solely on FPL are:

- Family household income less than or equal to 200% of FPL; Full financial assistance; \$0 is billable to the patient.
- Family gross income greater than 200% but less than or equal to 300% of FPL; Partial financial assistance; lesser of 80% discount from charges or AGB.
- Family gross income greater than 300% but less than or equal to 400% of FPL; Partial financial assistance; lesser of 60% discount from charges or AGB.

Note: Other criteria beyond FPL are also be considered (i.e. residency status, insurance/other medical coverage, asset thresholds), may result in exceptions to the preceding. The Guthrie Clinic Financial Representatives review submitted applications, and determine financial assistance eligibility in accordance with the FAP.

Any individual determined to be eligible for financial assistance under the FAP will not be charged more than Amounts Generally Billed ("AGB") for emergency or other medically necessary healthcare services. Any FAP eligible individual will always be charged the lesser of AGB or any discount available under the FAP.

Availability of Translations: The FAP, Application and PLS are available in English and in the primary language of populations with limited proficiency in English ("LEP") that constitutes the lesser of 1,000 individuals or 5% of the community served by The Guthrie Clinic.

For help, assistance or questions please call the Financial Counseling Office at (570) 887-2051.



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100001511
Patient Name	Zztst, Park S
Patient MRN	2226628
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$474.97

Patient Balance due by
09/10/23
\$474.97

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$118.75/month** for **4 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone
Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>
Activation code: **4PZ9V-T5JK5-VF7NV**
Not interested in signing up for eGuthrie? Use the Guarantor ID and Last Name detailed above to *Pay as Guest* on eGuthrie.

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Need Assistance?

- Guthrie is proud of its mission to provide quality care to all who need it. If you do not have health insurance or worry that you may not be able to pay part or all of your care, we may be able to help. Guthrie's financial assistance program helps provide discounts on health care services, it's free to apply and available by scanning the QR code to the right or calling 570-887-2051.



PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$474.97
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100001511	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902703
Park S Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100001511900000474976

Amount Due \$474.97	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100001511
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$474.97	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100001511
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	441.00	0.00	33.97	474.97	\$474.97
Totals	441.00	0.00	33.97	474.97	\$474.97

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Park S Zztst's visit to Cortland Medical Center Acct #600001764 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
10/21/22	Balance Forward	441.00	0.00	33.97	\$474.97
	<u>Balance Due</u>				\$474.97



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100001564
Patient Name	Zztst,Rosenberger B
Patient MRN	2226819
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$132.43

Patient Balance due by
09/10/23
\$132.43

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$66.22/month** for **2 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone

Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Activation code: **R6WM6-FT5XH-9SH76**
Not interested in signing up for eGuthrie? Use the Guarantor ID and Last Name detailed above to *Pay as Guest* on eGuthrie.

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- Guthrie is proud of its mission to provide quality care to all who need it. If you do not have health insurance or worry that you may not be able to pay part or all of your care, we may be able to help. Guthrie's financial assistance program helps provide discounts on health care services, it's free to apply and available by scanning the QR code to the right or calling 570-887-2051.



PO BOX 826908
PHILADELPHIA, PA 19182-6908

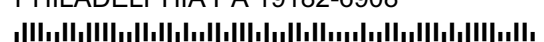
Due Date	Amount Due
09/10/23	\$132.43
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100001564	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902704
Rosenberger B Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100001564800000132430

Amount Due \$132.43	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100001564
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$132.43	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100001564
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	151.00	0.00	-18.57	132.43	\$132.43
Totals	151.00	0.00	-18.57	132.43	\$132.43

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Rosenberger B Zztst's visit to Cortland Medical Center Acct #600001852 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
02/03/23	Balance Forward	151.00	0.00	-18.57	\$132.43
	<u>Balance Due</u>				<u>\$132.43</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100001585
Patient Name	Zztst,Schumacher F
Patient MRN	2226875
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$87.00

Patient Balance due by
09/10/23
\$87.00

Payment plan amount of **\$0.00** now due.

The amount due represents your responsibility after any applicable insurance payments. Payment is due upon receipt. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone
Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>
Activation code: **Z8WZ6-BR9KB-6JP9Z**
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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$87.00
Amount Enclosed:	\$

Guarantor #	Statement Date
100001585	08/31/23
<input type="checkbox"/> Check Enclosed	Check # _____

Please make check payable to:

GUT16X 4059835 410902705
Schumacher F Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100001585000000087005

Amount Due \$87.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100001585
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2 of 3

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- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

MEDICARE/MEDICARE PART A & B

Amount Due \$87.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100001585
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	87.00	0.00	0.00	87.00	\$87.00
Totals	87.00	0.00	0.00	87.00	\$87.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Schumacher F Zztst's visit to <i>Attia, Maximos, MD</i>		Acct #101224450			
07/01/23	Flexability and Rom Evaluation Without Physical	87.00			
	Totals	87.00			\$87.00
	Balance Due				\$87.00



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100001859
Patient Name	Zzint,Fiftynine
Patient MRN	2227527
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$791.00

Patient Balance due by
09/10/23
\$791.00

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$197.75/month** for **4 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

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8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Activation code: **6VW8G-P9FV8-TH2BA**
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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$791.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100001859	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902706
Fiftynine Zzint
1 GUTHRIE SQ
SAYRE, PA 18840-1625



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100001859600000791008

Amount Due \$791.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100001859
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$791.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100001859
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	791.00	0.00	0.00	791.00	\$791.00
Totals	791.00	0.00	0.00	791.00	\$791.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Fiftynine Zzint's visit to <i>Walsh, James J, MD</i> <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #101221873					
06/02/22	Balance Forward	76.00	0.00	0.00	\$76.00
Fiftynine Zzint's visit to Robert Packer Hospital <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #112013215					
06/02/22	Balance Forward	715.00	0.00	0.00	\$715.00
	Balance Due				\$791.00



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100001956
Patient Name	Zztst,Veach C
Patient MRN	2227827
Statement Date	08/31/23

Outstanding Balance
\$270.00

Patient Balance due by
09/10/23
\$270.00

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$67.50/month** for **4 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone

Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Activation code: **NZ9ZG-5RS3M-R2PMV**
Not interested in signing up for eGuthrie? Use the Guarantor ID and Last Name detailed above to *Pay as Guest* on eGuthrie.

Mail In

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Need Assistance?

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$270.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100001956	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902707
Veach C Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100001956700000270008

Amount Due \$270.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100001956
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$270.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100001956
--------------------------------------	--	------------------------------------	--

3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	270.00	0.00	0.00	270.00	\$270.00
Totals	270.00	0.00	0.00	270.00	\$270.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Veach C Zztst's visit to Veach, Cathleen, MD The balance due is your responsibility. Please pay the amount in full.					
Acct #101222954					
12/15/22	Balance Forward	270.00	0.00	0.00	\$270.00
	<u>Balance Due</u>				<u>\$270.00</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100001962
Patient Name	Zztst,Veachc G
Patient MRN	2227881
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$184.00

Patient Balance due by
09/10/23
\$184.00

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$92.00/month** for **2 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone
Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>
Activation code: **C6GB6-CB6QD-4KJ7C**
Not interested in signing up for eGuthrie? Use the Guarantor ID and Last Name detailed above to *Pay as Guest* on eGuthrie.

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Need Assistance?

- Guthrie is proud of its mission to provide quality care to all who need it. If you do not have health insurance or worry that you may not be able to pay part or all of your care, we may be able to help. Guthrie's financial assistance program helps provide discounts on health care services, it's free to apply and available by scanning the QR code to the right or calling 570-887-2051.



PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$184.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100001962	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902708
Veachc G Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100001962200000184001

Amount Due \$184.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100001962
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$184.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100001962
--------------------------------------	--	------------------------------------	--

3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	184.00	0.00	0.00	184.00	\$184.00
Totals	184.00	0.00	0.00	184.00	\$184.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
	Veachc G Zztst's visit to <i>Veach, Cathleen, MD</i> <i>The balance due is your responsibility. Please pay the amount in full.</i>				
	Acct #101222668				
10/25/22	Balance Forward	184.00	0.00	0.00	\$184.00
	<u>Balance Due</u>				<u>\$184.00</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100001988
Patient Name	Zztst, Antonetti H
Patient MRN	2225370
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$1,069.97

Patient Balance due by
09/10/23
\$1,069.97

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$133.75/month** for **8 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone

Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Activation code: **7QX8G-M9WF2-DP2TN**
Not interested in signing up for eGuthrie? Use the Guarantor ID and Last Name detailed above to *Pay as Guest* on eGuthrie.

Mail In

Mail your payment with the coupon at the bottom of this page

Need Assistance?

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	09/10/23
Amount Due	\$1,069.97
Amount Enclosed:	\$

Guarantor #	100001988
Statement Date	08/31/23
<input type="checkbox"/> Check Enclosed	Check #

Please make check payable to:

GUT16X 4059835 410902709
Antonetti H Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100001988400001069970

Amount Due \$1,069.97	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100001988
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$1,069.97	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100001988
--	--	------------------------------------	--

3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	1,063.00	0.00	6.97	1,069.97	\$1,069.97
Totals	1,063.00	0.00	6.97	1,069.97	\$1,069.97

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Antonetti H Zztst's visit to GUTHRIE MEDICAL GROUP LABORATORY <i>The balance due is your responsibility. Please pay the amount in full.</i>					
				Acct #101221866	
05/31/22	Balance Forward	465.00	0.00	0.00	\$465.00
Antonetti H Zztst's visit to Troy Community Hospital <i>The balance due is your responsibility. Please pay the amount in full.</i>					
				Acct #182010364	
11/15/22	Balance Forward	507.50	0.00	0.00	\$507.50
Antonetti H Zztst's visit to Cortland Medical Center <i>The balance due is your responsibility. Please pay the amount in full.</i>					
				Acct #600001788	
11/28/22	Balance Forward	90.50	0.00	6.97	\$97.47
	Balance Due				\$1,069.97



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100001989
Patient Name	Zztst, Antonetti M
Patient MRN	2225375
Statement Date	08/31/23

Outstanding Balance
\$2,357.00

Patient Balance due by
09/10/23
\$2,357.00

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$294.63/month** for **8 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone

Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Activation code: **ZK3WX-2GB8K-J7XJ8**
Not interested in signing up for eGuthrie? Use the Guarantor ID and Last Name detailed above to *Pay as Guest* on eGuthrie.

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Need Assistance?

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$2,357.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100001989	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902710
Antonetti M Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100001989200002357000

Amount Due \$2,357.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100001989
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2 of 4

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$2,357.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100001989
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3 of 4

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	2,357.00	0.00	0.00	2,357.00	\$2,357.00
Totals	2,357.00	0.00	0.00	2,357.00	\$2,357.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Antonetti M Zztst's visit to GUTHRIE MEDICAL GROUP LABORATORY <i>The balance due is your responsibility. Please pay the amount in full.</i>					
Acct #101221955					
06/27/22	Balance Forward	71.00	0.00	0.00	\$71.00
Antonetti M Zztst's visit to GUTHRIE MEDICAL GROUP LABORATORY <i>The balance due is your responsibility. Please pay the amount in full.</i>					
Acct #101222018					
07/05/22	Balance Forward	17.00	0.00	0.00	\$17.00
Antonetti M Zztst's visit to GUTHRIE MEDICAL GROUP LABORATORY <i>The balance due is your responsibility. Please pay the amount in full.</i>					
Acct #101222134					
07/28/22	Balance Forward	192.00	0.00	0.00	\$192.00
Antonetti M Zztst's visit to GUTHRIE MEDICAL GROUP LABORATORY <i>The balance due is your responsibility. Please pay the amount in full.</i>					
Acct #101222140					
08/01/22	Balance Forward	77.00	0.00	0.00	\$77.00
Antonetti M Zztst's visit to GUTHRIE MEDICAL GROUP LABORATORY <i>The balance due is your responsibility. Please pay the amount in full.</i>					
Acct #101222274					
08/23/22	Balance Forward	652.00	0.00	0.00	\$652.00
Antonetti M Zztst's visit to GUTHRIE MEDICAL GROUP LABORATORY <i>The balance due is your responsibility. Please pay the amount in full.</i>					
Acct #101222316					
09/01/22	Balance Forward	79.00	0.00	0.00	\$79.00
Antonetti M Zztst's visit to GUTHRIE MEDICAL GROUP LABORATORY <i>The balance due is your responsibility. Please pay the amount in full.</i>					
Acct #101222362					
09/13/22	Balance Forward	370.00	0.00	0.00	\$370.00

Amount Due \$2,357.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100001989
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4 of 4

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Antonetti M Zztst's visit to GUTHRIE MEDICAL GROUP LABORATORY The balance due is your responsibility. Please pay the amount in full.					
12/13/22	Balance Forward	828.00	0.00	0.00	\$828.00
Antonetti M Zztst's visit to Corey, Mark J, MD The balance due is your responsibility. Please pay the amount in full.					
01/18/23	Balance Forward	71.00	0.00	0.00	\$71.00
	Balance Due				\$2,357.00



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100001990
Patient Name	Zztst,Baccile V
Patient MRN	2225410
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$420.98

Patient Balance due by
09/10/23
\$420.98

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$105.25/month** for **4 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone

Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Activation code: **5CR7Z-T3MN9-MH7V7**
Not interested in signing up for eGuthrie? Use the Guarantor ID and Last Name detailed above to *Pay as Guest* on eGuthrie.

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$420.98
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100001990	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902711
Baccile Zztst V
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100001990700000420983

Amount Due \$420.98	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100001990
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$420.98	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100001990
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	384.00	0.00	36.98	420.98	\$420.98
Totals	384.00	0.00	36.98	420.98	\$420.98

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Baccile Zztst V's visit to Cortland Medical Center Acct #600001672 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
06/23/22	Balance Forward	384.00	0.00	36.98	\$420.98
	<u>Balance Due</u>				<u>\$420.98</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100002192
Patient Name	Zztst,Finogle I
Patient MRN	2225891
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$393.40

Patient Balance due by
09/10/23
\$393.40

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$98.35/month** for **4 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone

Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Activation code: **R8DQ5-DG3CS-5VD4D**
Not interested in signing up for eGuthrie? Use the Guarantor ID and Last Name detailed above to *Pay as Guest* on eGuthrie.

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$393.40
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100002192	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902712
Finogle Zztst I
1 GUTHRIE SQ
SAYRE, PA 18840-1625



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100002192600000393406

Amount Due \$393.40	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100002192
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$393.40	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100002192
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	491.75	0.00	-98.35	393.40	\$393.40
Totals	491.75	0.00	-98.35	393.40	\$393.40

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Finogle Zztst I's visit to Robert Packer Hospital Acct #112013681 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
02/28/23	Balance Forward	491.75	0.00	-98.35	\$393.40
	<u>Balance Due</u>				<u>\$393.40</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100002242
Patient Name	Zztst, Grover X
Patient MRN	2226010
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$124.00

Patient Balance due by
09/10/23
\$124.00

Can't pay all at once? Set up a payment plan on <http://e.guthrie.org/mychart>! For example you could pay **\$62.00/month** for **2 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone
Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Mail In
Mail your payment with the coupon at the bottom of this page

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

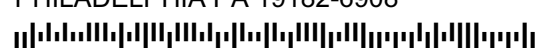
Due Date	Amount Due
09/10/23	\$124.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100002242	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902713
Grover X Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100002242600000124009

Amount Due \$124.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100002242
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2 of 4

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$124.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100002242
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3 of 4

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	124.00	0.00	0.00	124.00	\$124.00
Totals	124.00	0.00	0.00	124.00	\$124.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Grover X Zztst's visit to <i>GUTHRIE MEDICAL GROUP LABORATORY</i> <i>The balance due is your responsibility. Please pay the amount in full.</i>					
Acct #101222907					
12/20/22	Balance Forward	124.00	0.00	0.00	\$124.00
	<u>Balance Due</u>				<u>\$124.00</u>

Amount Due \$124.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100002242
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The Guthrie Clinic
Financial Assistance Policy - Plain Language Summary

The Financial Assistance Policy ("FAP") of The Guthrie Clinic, which includes Guthrie Medical Group, P.C., Robert Packer Hospital, Corning Hospital, Cortland Medical Center, Troy Community Hospital, Robert Packer Hospital at Towanda Campus, Guthrie Home Health, and Guthrie Hospice (collectively "The Guthrie Clinic") exists to provide financial assistance to patients who have healthcare needs and are uninsured, underinsured, ineligible for other government assistance, or are otherwise unable to pay for emergency or other medically necessary healthcare services based on their individual financial situation. Patients seeking financial assistance must apply for the program, which is summarized herein.

Eligible Services: Financial assistance is only available for emergency or other medically necessary healthcare services. Not all services provided within The Guthrie Clinic hospital facilities are covered under the FAP. Certain services which are separately billed by other providers may not be covered. Please refer to Appendix A of The Guthrie Clinics' FAP for a list of providers that provide healthcare services within each respective hospital facility and whether or not they are covered under the FAP.

Eligible Patients: Patients receiving eligible services, who satisfy the eligibility criteria and submit a completed financial assistance application including all required documentation.

How to Apply: The FAP and FAP Application may be obtained/completed/submitted as follows:

- Download the documents from the following website: <https://www.guthrie.org/patients-visitors/pay-mybill/financial-assistance>
- Request documents be mailed to you, by calling the Financial Counseling Office at (570) 887-2051.
- Paper copies are available within various areas throughout The Guthrie Clinic Hospital facilities. This includes, but is not limited to, emergency rooms, patient registration check-in areas and Financial Counseling Offices in each hospital facility.
- Financial Representatives are on-site to assist individuals with the FAP Application, if needed.
- Completed Applications (with all required supporting documentation) should be mailed to: Attention: Financial Counselors, The Guthrie Clinic, Patient Financial Services Department, One Guthrie Square, Sayre, PA 18840

Financial Assistance Eligibility: Generally, uninsured and underinsured patients may be eligible for full financial assistance when their family household income is less than or equal to 200% of the Federal Poverty Level ("FPL"). Patients with household income greater than 200% but less than or equal to 400% of FPL may be eligible for discounted care.

Financial assistance levels, based solely on FPL are:

- Family household income less than or equal to 200% of FPL; Full financial assistance; \$0 is billable to the patient.
- Family gross income greater than 200% but less than or equal to 300% of FPL; Partial financial assistance; lesser of 80% discount from charges or AGB.
- Family gross income greater than 300% but less than or equal to 400% of FPL; Partial financial assistance; lesser of 60% discount from charges or AGB.

Note: Other criteria beyond FPL are also be considered (i.e. residency status, insurance/other medical coverage, asset thresholds), may result in exceptions to the preceding. The Guthrie Clinic Financial Representatives review submitted applications, and determine financial assistance eligibility in accordance with the FAP.

Any individual determined to be eligible for financial assistance under the FAP will not be charged more than Amounts Generally Billed ("AGB") for emergency or other medically necessary healthcare services. Any FAP eligible individual will always be charged the lesser of AGB or any discount available under the FAP.

Availability of Translations: The FAP, Application and PLS are available in English and in the primary language of populations with limited proficiency in English ("LEP") that constitutes the lesser of 1,000 individuals or 5% of the community served by The Guthrie Clinic.

For help, assistance or questions please call the Financial Counseling Office at (570) 887-2051.



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100002244
Patient Name	Zztst,Haney G
Patient MRN	2226019
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$312.45

Patient Balance due by
09/10/23
\$312.45

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$78.12/month** for **4 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone
Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>
Activation code: **3FN2K-M8QP4-WW5ZJ**
Not interested in signing up for eGuthrie? Use the Guarantor ID and Last Name detailed above to *Pay as Guest* on eGuthrie.

Mail In
Mail your payment with the coupon at the bottom of this page

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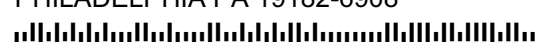
PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date 09/10/23	Amount Due \$312.45	Guarantor # 100002244	Statement Date 08/31/23
Amount Enclosed:	\$	<input type="checkbox"/> Check Enclosed	Check # _____

Please make check payable to:

GUT16X 4059835 410902714
Haney G Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100002244200000312458

Amount Due \$312.45	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100002244
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$312.45	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100002244
--------------------------------------	--	------------------------------------	--

3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	285.00	0.00	27.45	312.45	\$312.45
Totals	285.00	0.00	27.45	312.45	\$312.45

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Haney G Zztst's visit to Cortland Medical Center Acct #600001661 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
06/07/22	Balance Forward	285.00	0.00	27.45	\$312.45
	<u>Balance Due</u>				<u>\$312.45</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100002312
Patient Name	Zztst, Kane I
Patient MRN	2226150
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$312.45

Patient Balance due by
09/10/23
\$312.45

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$78.12/month** for **4 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.



Pay by Phone

Call 800-836-9990
8am to 5pm
Monday - Friday



Pay Online <http://e.guthrie.org/mychart>

Activation code: **X4MG5-KB3BZ-4CC4E**

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$312.45
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100002312	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902715
Kane Zztst I
1 GUTHRIE SQ
SAYRE, PA 18840-1625



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100002312000000312450

Amount Due \$312.45	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100002312
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2 of 3

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- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$312.45	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100002312
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	285.00	0.00	27.45	312.45	\$312.45
Totals	285.00	0.00	27.45	312.45	\$312.45

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Kane Zztst I's visit to Cortland Medical Center Acct #600001662 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
06/07/22	Balance Forward	285.00	0.00	27.45	\$312.45
	<u>Balance Due</u>				<u>\$312.45</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100002358
Patient Name	Zztst,Larson K
Patient MRN	2226282
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$270.00

Patient Balance due by
09/10/23
\$270.00

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$67.50/month** for **4 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone

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Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Activation code: **MD5HM-8GW7W-F6BZX**
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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$270.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100002358	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902716
Larson K Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100002358600000270004

Amount Due \$270.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100002358
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$270.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100002358
--------------------------------------	--	------------------------------------	--

3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	270.00	0.00	0.00	270.00	\$270.00
Totals	270.00	0.00	0.00	270.00	\$270.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Larson K Zztst's visit to Corey, Mark J, MD The balance due is your responsibility. Please pay the amount in full.					
Acct #101223001					
01/09/23	Balance Forward	270.00	0.00	0.00	\$270.00
	<u>Balance Due</u>				<u>\$270.00</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100002428
Patient Name	Zztst, Moore I
Patient MRN	2226462
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$88.00

Patient Balance due by
09/10/23
\$88.00

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$44.00/month** for **2 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

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Monday - Friday

Pay Online <http://e.guthrie.org/mychart>
Activation code: **RJ3VK-3ZJ8W-P7TGM**
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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$88.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100002428	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902717
Moore Zztst I
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100002428000000088008

Amount Due \$88.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100002428
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

GUTHRIE UMR/UHC/GUTHRIE UMR UNION
GUTHRIE UMR/UHC/GUTHRIE UMR

Amount Due \$88.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100002428
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	4,179.50	-4,091.50	0.00	88.00	\$88.00
Totals	4,179.50	-4,091.50	0.00	88.00	\$88.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Moore Zztst I's visit to <i>Poulose, Joyson, MD</i> <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #101222818					
11/29/22	Balance Forward	71.00	0.00	0.00	\$71.00
Moore Zztst I's visit to Corning Hospital Acct #412011006					
01/03/23	Balance Forward	4,091.50	-4,091.50	0.00	\$0.00
Moore Zztst I's visit to <i>Corey, Mark J, MD</i> <i>The balance due is your responsibility. Please pay the amount in full.</i> Acct #101223642					
04/04/23	Balance Forward	17.00	0.00	0.00	\$17.00
	<u>Balance Due</u>				<u>\$88.00</u>



PO BOX 826908
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Guarantor #	100002752
Patient Name	Zztst, Walczak U
Patient MRN	2227306
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$356.08

Patient Balance due by
09/10/23
\$356.08

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$89.02/month** for **4 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone

Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Activation code: **4BT5W-K5CZ6-NQ9ZC**
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PO BOX 826908
PHILADELPHIA, PA 19182-6908

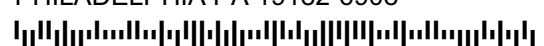
Due Date	Amount Due
09/10/23	\$356.08
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100002752	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902718
Walczak U Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100002752800000356087

Amount Due \$356.08	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100002752
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$356.08	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100002752
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	406.00	0.00	-49.92	356.08	\$356.08
Totals	406.00	0.00	-49.92	356.08	\$356.08

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Walczak U Zztst's visit to Cortland Medical Center Acct #600001848 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
01/25/23	Balance Forward	305.50	0.00	-37.56	\$267.94
Walczak U Zztst's visit to Cortland Medical Center Acct #600001864 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
02/15/23	Balance Forward	100.50	0.00	-12.36	\$88.14
	<u>Balance Due</u>				<u>\$356.08</u>



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Guarantor #	100002753
Patient Name	Zztst,Walczak Y
Patient MRN	2227310
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$267.94

Patient Balance due by
09/10/23
\$267.94

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$66.99/month** for **4 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

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Pay Online <http://e.guthrie.org/mychart>
Activation code: **WT8FH-2BG3R-V3TTR**
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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date 09/10/23	Amount Due \$267.94	Guarantor # 100002753	Statement Date 08/31/23
Amount Enclosed:	\$	<input type="checkbox"/> Check Enclosed	Check # _____

Please make check payable to:

GUT16X 4059835 410902719
Walczak Y Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100002753600000267940

Amount Due \$267.94	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100002753
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2 of 3

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- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$267.94	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100002753
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	305.50	0.00	-37.56	267.94	\$267.94
Totals	305.50	0.00	-37.56	267.94	\$267.94

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Walczak Y Zztst's visit to Cortland Medical Center Acct #600001842 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
01/24/23	Balance Forward	305.50	0.00	-37.56	\$267.94
	<u>Balance Due</u>				<u>\$267.94</u>



PO BOX 826908
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Guarantor #	100002919
Patient Name	Zztst,Mott C
Patient MRN	2228324
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$6,396.25

Patient Balance due by
09/10/23
\$6,396.25

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$799.54/month** for **8 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

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8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Activation code: **X4BP9-WN3ND-3NS84**
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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	09/10/23
Amount Due	\$6,396.25
Amount Enclosed:	\$

Guarantor #	100002919
Statement Date	08/31/23
<input type="checkbox"/> Check Enclosed	Check #

Please make check payable to:

GUT16X 4059835 410902720
Mott C Zztst
1 GUTHRIE
TOWANDA, PA 18848

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100002919600006396250

Amount Due \$6,396.25	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100002919
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2 of 3

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- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$6,396.25	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100002919
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	6,396.25	0.00	0.00	6,396.25	\$6,396.25
Totals	6,396.25	0.00	0.00	6,396.25	\$6,396.25

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Mott C Zztst's visit to Robert Packer Hospital Acct #112013247 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
07/12/22 to 07/15/22	Balance Forward	6,396.25	0.00	0.00	\$6,396.25
	<u>Balance Due</u>				<u>\$6,396.25</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100002978
Patient Name	Zzint,Maybcn
Patient MRN	2228375
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$206.00

Patient Balance due by
09/10/23
\$206.00

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$103.00/month** for **2 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone

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8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Activation code: **N9KG2-MZ3WH-9QS28**
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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$206.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100002978	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902721 E
Maybcn Zzint
111
CORTLAND, NY 13045

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100002978000000206002

Amount Due \$206.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100002978
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2 of 3

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- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

GUTHRIE HIGHMARK/GUTHRIE HIGHMARK PPO BLUE

Amount Due \$206.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100002978
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	206.00	0.00	0.00	206.00	\$206.00
Totals	206.00	0.00	0.00	206.00	\$206.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Mayben Zzint's visit to Hartman, Ricky E, DO The balance due is your responsibility. Please pay the amount in full.					
Acct #101222453					
09/28/22	Balance Forward	206.00	0.00	0.00	\$206.00
	<u>Balance Due</u>				<u>\$206.00</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100003014
Patient Name	Zztst, Berger R
Patient MRN	2228412
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$230.49

Patient Balance due by
09/10/23
\$230.49

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$115.25/month** for **2 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone
Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>
Activation code: **WH8WC-2QN4H-J2GK5**
Not interested in signing up for eGuthrie? Use the Guarantor ID and Last Name detailed above to *Pay as Guest* on eGuthrie.

Mail In
Mail your payment with the coupon at the bottom of this page

Need Assistance?

- Guthrie is proud of its mission to provide quality care to all who need it. If you do not have health insurance or worry that you may not be able to pay part or all of your care, we may be able to help. Guthrie's financial assistance program helps provide discounts on health care services, it's free to apply and available by scanning the QR code to the right or calling 570-887-2051.



PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$230.49
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100003014	08/31/23
<input type="checkbox"/> Check	Check #
<input type="checkbox"/> Enclosed	

Please make check payable to:

GUT16X 4059835 410902722
Berger R Zztst
134 HOMER AVE
CORTLAND, NY 13045-1206

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100003014400000230497

Amount Due \$230.49	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100003014
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$230.49	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100003014
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	214.00	0.00	16.49	230.49	\$230.49
Totals	214.00	0.00	16.49	230.49	\$230.49

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Berger R Zztst's visit to Cortland Medical Center				Acct #600001779	
<i>The balance due is your responsibility. Please pay the amount in full.</i>					
11/16/22	Balance Forward	214.00	0.00	16.49	\$230.49
	<u>Balance Due</u>				\$230.49



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100003031
Patient Name	Vistatwo,Two
Patient MRN	2228387
Statement Date	08/31/23

Outstanding Balance
\$97.57

Patient Balance due by
09/10/23
\$97.57

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$48.79/month** for **2 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone

Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Activation code: **5HS9M-B5ZW3-XQ2BC**
Not interested in signing up for eGuthrie? Use the Guarantor ID and Last Name detailed above to *Pay as Guest* on eGuthrie.

Mail In

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Need Assistance?

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$97.57
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100003031	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902723

Two Vistatwo
C/O CHEMISTRY DEPARTMENT
134 HOMER AVE
CORTLAND, NY 13045-1206



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100003031400000097573

Amount Due \$97.57	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100003031
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$97.57	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100003031
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	111.25	0.00	-13.68	97.57	\$97.57
Totals	111.25	0.00	-13.68	97.57	\$97.57

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Two Vistatwo's visit to Cortland Medical Center Acct #600001822 <i>The balance due is your responsibility. Please pay the amount in full.</i>					
01/10/23	Balance Forward	111.25	0.00	-13.68	\$97.57
	<u>Balance Due</u>				<u>\$97.57</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100003039
Patient Name	Zztst, Gilson G
Patient MRN	2225967
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Payment plan amount of **\$0.00** now due.

Outstanding Balance
\$12,508.10

Patient Balance due by
09/10/23
\$12,508.10

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone
Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Mail In
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Need Assistance?

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	09/10/23
Amount Due	\$12,508.10
Amount Enclosed:	\$

Guarantor #	100003039
Statement Date	08/31/23
<input type="checkbox"/> Check Enclosed	Check #

Please make check payable to:

GUT16X 4059835 410902724
Bidlack A Zztst Jr.
1 GUTHRIE SQ
SAYRE, PA 18840-1625



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100003039800012508109

Amount Due \$12,508.10	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100003039
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2 of 5

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$12,508.10	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100003039
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3 of 5

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	15,382.50	0.00	-2,874.40	12,508.10	\$12,508.10
Totals	15,382.50	0.00	-2,874.40	12,508.10	\$12,508.10

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Gilson G Zztst's visit to Robert Packer Hospital <i>The balance due is your responsibility. Please pay the amount in full.</i>					
Acct #112013436					
10/17/22	Balance Forward	491.75	0.00	0.00	\$491.75
Gilson G Zztst's visit to Robert Packer Hospital <i>The balance due is your responsibility. Please pay the amount in full.</i>					
Acct #112013639					
02/07/23	Balance Forward	1,811.50	0.00	-362.30	\$1,449.20
Gilson G Zztst's visit to Robert Packer Hospital <i>The balance due is your responsibility. Please pay the amount in full.</i>					
Acct #112013640					
02/07/23	Balance Forward	4,766.75	0.00	-953.35	\$3,813.40
Gilson G Zztst's visit to Robert Packer Hospital <i>The balance due is your responsibility. Please pay the amount in full.</i>					
Acct #112013675					
02/28/23	Balance Forward	637.25	0.00	-127.45	\$509.80
Gilson G Zztst's visit to Robert Packer Hospital <i>The balance due is your responsibility. Please pay the amount in full.</i>					
Acct #112013721					
03/17/23	Balance Forward	2,585.25	0.00	-517.05	\$2,068.20
Gilson G Zztst's visit to Robert Packer Hospital <i>The balance due is your responsibility. Please pay the amount in full.</i>					
Acct #112013930					
06/29/23	Radiology - Diagnostic - General	491.75			
	Computed Tomographic (CT) Scans - General	2,638.25			
	Guthrie Adjustment - 06/30/23			-626.00	
	Totals	3,130.00		-626.00	\$2,504.00
Gilson G Zztst's visit to Robert Packer Hospital <i>The balance due is your responsibility. Please pay the amount in full.</i>					
Acct #112013932					
06/30/23	Radiology - Diagnostic - General	494.00			
	Guthrie Adjustment - 07/01/23			-98.80	
	Totals	494.00		-98.80	\$395.20
Gilson G Zztst's visit to Robert Packer Hospital <i>The balance due is your responsibility. Please pay the amount in full.</i>					
Acct #112013937					
07/10/23	Other Imaging Services - General	947.25			
	Guthrie Adjustment - 07/11/23			-189.45	
	Totals	947.25		-189.45	\$757.80

Amount Due \$12,508.10	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100003039
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4 of 5

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Gilson G Zztst's visit to Robert Packer Hospital			Acct #112013986		
08/15/23	Radiology - Diagnostic - General	518.75			
	Totals	518.75			\$518.75
	Balance Due				\$12,508.10

Amount Due \$12,508.10	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100003039
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5 of 5

The Guthrie Clinic Financial Assistance Policy - Plain Language Summary

The Financial Assistance Policy ("FAP") of The Guthrie Clinic, which includes Guthrie Medical Group, P.C., Robert Packer Hospital, Corning Hospital, Cortland Medical Center, Troy Community Hospital, Robert Packer Hospital at Towanda Campus, Guthrie Home Health, and Guthrie Hospice (collectively "The Guthrie Clinic") exists to provide financial assistance to patients who have healthcare needs and are uninsured, underinsured, ineligible for other government assistance, or are otherwise unable to pay for emergency or other medically necessary healthcare services based on their individual financial situation. Patients seeking financial assistance must apply for the program, which is summarized herein.

Eligible Services: Financial assistance is only available for emergency or other medically necessary healthcare services. Not all services provided within The Guthrie Clinic hospital facilities are covered under the FAP. Certain services which are separately billed by other providers may not be covered. Please refer to Appendix A of The Guthrie Clinics' FAP for a list of providers that provide healthcare services within each respective hospital facility and whether or not they are covered under the FAP.

Eligible Patients: Patients receiving eligible services, who satisfy the eligibility criteria and submit a completed financial assistance application including all required documentation.

How to Apply: The FAP and FAP Application may be obtained/completed/submitted as follows:

- Download the documents from the following website: <https://www.guthrie.org/patients-visitors/pay-mybill/financial-assistance>
- Request documents be mailed to you, by calling the Financial Counseling Office at (570) 887-2051.
- Paper copies are available within various areas throughout The Guthrie Clinic Hospital facilities. This includes, but is not limited to, emergency rooms, patient registration check-in areas and Financial Counseling Offices in each hospital facility.
- Financial Representatives are on-site to assist individuals with the FAP Application, if needed.
- Completed Applications (with all required supporting documentation) should be mailed to: Attention: Financial Counselors, The Guthrie Clinic, Patient Financial Services Department, One Guthrie Square, Sayre, PA 18840

Financial Assistance Eligibility: Generally, uninsured and underinsured patients may be eligible for full financial assistance when their family household income is less than or equal to 200% of the Federal Poverty Level ("FPL"). Patients with household income greater than 200% but less than or equal to 400% of FPL may be eligible for discounted care.

Financial assistance levels, based solely on FPL are:

- Family household income less than or equal to 200% of FPL; Full financial assistance; \$0 is billable to the patient.
- Family gross income greater than 200% but less than or equal to 300% of FPL; Partial financial assistance; lesser of 80% discount from charges or AGB.
- Family gross income greater than 300% but less than or equal to 400% of FPL; Partial financial assistance; lesser of 60% discount from charges or AGB.

Note: Other criteria beyond FPL are also be considered (i.e. residency status, insurance/other medical coverage, asset thresholds), may result in exceptions to the preceding. The Guthrie Clinic Financial Representatives review submitted applications, and determine financial assistance eligibility in accordance with the FAP.

Any individual determined to be eligible for financial assistance under the FAP will not be charged more than Amounts Generally Billed ("AGB") for emergency or other medically necessary healthcare services. Any FAP eligible individual will always be charged the lesser of AGB or any discount available under the FAP.

Availability of Translations: The FAP, Application and PLS are available in English and in the primary language of populations with limited proficiency in English ("LEP") that constitutes the lesser of 1,000 individuals or 5% of the community served by The Guthrie Clinic.

For help, assistance or questions please call the Financial Counseling Office at (570) 887-2051.



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100003059
Patient Name	Panco, Marianthi E
Patient MRN	2228456
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$184.00

Patient Balance due by
09/10/23
\$184.00

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$92.00/month** for **2 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone
Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>
Activation code: **N4NH5-PZ8VD-4DD48**
Not interested in signing up for eGuthrie? Use the Guarantor ID and Last Name detailed above to *Pay as Guest* on eGuthrie.

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$184.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100003059	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902725
Marianthi E Panco
PO BOX 456
ROCKFORD, IL 61105

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100003059200000184001

Amount Due \$184.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100003059
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

AETNA MEDICARE ADVANTAGE/AETNA MEDICARE ADVANTAGE

Amount Due \$184.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100003059
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	184.00	0.00	0.00	184.00	\$184.00
Totals	184.00	0.00	0.00	184.00	\$184.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Marianthi E Panco's visit to Ingerick, Brent, DO The balance due is your responsibility. Please pay the amount in full.					
Acct #101223342					
02/22/23	Balance Forward	184.00	0.00	0.00	\$184.00
	<u>Balance Due</u>				<u>\$184.00</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100003137
Patient Name	Zztst, Wisdom
Patient MRN	2228750
Statement Date	08/31/23

Outstanding Balance
\$1,339.00

Patient Balance due by
09/10/23
\$1,339.00

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Can't pay all at once? Call our business office at 800-836-9990 to set up a payment plan! For example you could pay **\$167.38/month** for **8 months**.

Your account is past due. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone

Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>

Activation code: **WK6CG-7MC7B-Q8XRD**
Not interested in signing up for eGuthrie? Use the Guarantor ID and Last Name detailed above to *Pay as Guest* on eGuthrie.

Mail In

Mail your payment with the coupon at the bottom of this page

Need Assistance?

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$1,339.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100003137	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902726
Wisdom Zztst
1 GUTHRIE SQ
TOWANDA, PA 18848

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100003137700001339005

Amount Due \$1,339.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100003137
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2 of 3

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- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

AETNA COMMERCIAL/AETNA
DELTA DENTAL/DELTA DENTAL OF PENNSYLVANIA

Amount Due \$1,339.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100003137
--	--	------------------------------------	--

3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	1,339.00	0.00	0.00	1,339.00	\$1,339.00
Totals	1,339.00	0.00	0.00	1,339.00	\$1,339.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Wisdom Zztst's visit to <i>Scopelliti, David J, DMD</i> <i>The balance due is your responsibility. Please pay the amount in full.</i>					
		Acct #101223834			
05/02/23	Balance Forward	1,339.00	0.00	0.00	\$1,339.00
	<u>Balance Due</u>				<u>\$1,339.00</u>



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000155
Patient Name	Zztst,Hearing Test
Patient MRN	2227774
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$448.10

Patient Balance due by
09/10/23
\$448.10

Payment plan amount of **\$0.00** now due.

The amount due represents your responsibility after any applicable insurance payments. Payment is due upon receipt. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone
Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>
Activation code: **9CV5V-P8GN5-NM4K8**
Not interested in signing up for eGuthrie? Use the Guarantor ID and Last Name detailed above to *Pay as Guest* on eGuthrie.

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$448.10
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000155	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902727
Wittie A Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000155600000448103

Amount Due \$448.10	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000155
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2 of 3

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- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$448.10	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000155
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	504.75	0.00	-56.65	448.10	\$448.10
Totals	504.75	0.00	-56.65	448.10	\$448.10

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Hearing Test Zztst's visit to <i>Poulose, Joyson, MD</i>		Acct #101224438			
07/07/23	Thromboplas Time Partial	44.00			
	Totals	44.00			\$44.00
Hearing Test Zztst's visit to Cortland Medical Center		Acct #600001965			
07/07/23	Laboratory - General	460.75			
	Insurance Adjustment - 07/08/23			35.50	
	Guthrie Adjustment - 07/08/23			-92.15	
	Totals	460.75		-56.65	\$404.10
	Balance Due				\$448.10



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000715
Patient Name	Tmh Api,Test
Patient MRN	2228052
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$1,196.20

Patient Balance due by
09/10/23
\$1,196.20

Payment plan amount of **\$0.00** now due.

The amount due represents your responsibility after any applicable insurance payments. Payment is due upon receipt. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

Pay by Phone
Call 800-836-9990
8am to 5pm
Monday - Friday

Pay Online <http://e.guthrie.org/mychart>
Activation code: **7BH8N-N9BM2-QV7M7**
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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$1,196.20
Amount Enclosed:	\$

Guarantor #	Statement Date
100000715	08/31/23
<input type="checkbox"/> Check Enclosed	Check #

Please make check payable to:

GUT16X 4059835 410902728
Test Tmh Api
134 HOMER AVE
CORTLAND, NY 13045-1206

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000715800001196204

Amount Due \$1,196.20	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000715
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$1,196.20	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000715
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	1,309.50	0.00	-113.30	1,196.20	\$1,196.20
Totals	1,309.50	0.00	-113.30	1,196.20	\$1,196.20

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Test Tmh Api's visit to <i>Poulose, Joyson, MD</i>		Acct #101224439			
07/07/23	Fibrin Degradproducts,D-Dimer, Qual	63.00			
	Fibrinogen, Activity	53.00			
	Prothrombin Time	34.00			
	Thromboplas Time Partial	44.00			
	Totals	194.00			\$194.00
Test Tmh Api's visit to Cortland Medical Center		Acct #600001966			
07/07/23	Laboratory - General	460.75			
	Insurance Adjustment - 07/08/23			35.50	
	Guthrie Adjustment - 07/08/23			-92.15	
	Totals	460.75		-56.65	\$404.10
Test Tmh Api's visit to <i>Poulose, Joyson, MD</i>		Acct #101224496			
07/18/23	Fibrin Degradproducts,D-Dimer, Qual	63.00			
	Fibrinogen, Activity	53.00			
	Prothrombin Time	34.00			
	Thromboplas Time Partial	44.00			
	Totals	194.00			\$194.00
Test Tmh Api's visit to Cortland Medical Center		Acct #600001972			
07/18/23	Laboratory - General	460.75			
	Insurance Adjustment - 07/19/23			35.50	
	Guthrie Adjustment - 07/19/23			-92.15	
	Totals	460.75		-56.65	\$404.10
Balance Due					\$1,196.20



PO BOX 826908
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Guarantor #	100001170
Patient Name	Test,VICKIE
Patient MRN	2228287
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$598.10

Patient Balance due by
09/10/23
\$598.10

Payment plan amount of **\$0.00** now due.

The amount due represents your responsibility after any applicable insurance payments. Payment is due upon receipt. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

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Monday - Friday

Pay Online <http://e.guthrie.org/mychart>
Activation code: **RG6VC-5HJ4M-J5GSX**
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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$598.10
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100001170	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902729
VICKIE Test
3600 FAU BLVD
BOCA RATON, FL 33431-6474

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100001170300000598108

Amount Due \$598.10	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100001170
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2 of 3

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- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$598.10	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100001170
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	654.75	0.00	-56.65	598.10	\$598.10
Totals	654.75	0.00	-56.65	598.10	\$598.10

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Vickie Test's visit to <i>Poulose, Joyson, MD</i>		Acct #101224437			
07/07/23	Fibrin Degradproducts,D-Dimer, Qual	63.00			
	Fibrinogen, Activity	53.00			
	Prothrombin Time	34.00			
	Thromboplas Time Partial	44.00			
	Totals	194.00			\$194.00
Vickie Test's visit to Cortland Medical Center		Acct #600001964			
07/07/23	Laboratory - General	460.75			
	Insurance Adjustment - 07/08/23			35.50	
	Guthrie Adjustment - 07/08/23			-92.15	
	Totals	460.75		-56.65	\$404.10
	Balance Due				\$598.10



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000152
Patient Name	Zztst,Baccile F
Patient MRN	2225394
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$34.00

Patient Balance due by
09/10/23
\$34.00

Payment plan amount of **\$0.00** now due.

The amount due represents your responsibility after any applicable insurance payments. Payment is due upon receipt. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

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Pay Online <http://e.guthrie.org/mychart>

Activation code: **3GB7M-T6WX7-XP9DH**
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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$34.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000152	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902730
Baccile F Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000152200000034004

Amount Due \$34.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000152
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$34.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000152
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	34.00	0.00	0.00	34.00	\$34.00
Totals	34.00	0.00	0.00	34.00	\$34.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Baccile F Zztst's visit to <i>Poulose, Joyson, MD</i> Acct #101224471					
07/13/23	Prothrombin Time	34.00			
	Totals	34.00			\$34.00
	Balance Due				\$34.00



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000037
Patient Name	Zztst,Baccile D
Patient MRN	2225392
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$438.00

Patient Balance due by
09/10/23
\$438.00

Payment plan amount of **\$0.00** now due.

The amount due represents your responsibility after any applicable insurance payments. Payment is due upon receipt. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

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Pay Online <http://e.guthrie.org/mychart>
Activation code: **5HB2K-V5BS2-QQ4VX**
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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$438.00
Amount Enclosed:	\$

Guarantor #	Statement Date
100000037	08/31/23
<input type="checkbox"/> Check Enclosed	Check #

Please make check payable to:

GUT16X 4059835 410902731
Baccile D Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000037300000438008

Amount Due \$438.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000037
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$438.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000037
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	438.00	0.00	0.00	438.00	\$438.00
Totals	438.00	0.00	0.00	438.00	\$438.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Baccile D Zztst's visit to <i>Poulose, Joyson, MD</i>		Acct #101224486			
07/18/23	Clostridium Difficile Toxin(S)	46.00			
	Infectious Agent Antigen Detection by Eia Nos	56.00			
	Mrsa, Dna, Amp Probe	168.00			
	Cytomed, Dna, Amp Probe	168.00			
	Totals	438.00			\$438.00
	Balance Due				\$438.00



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000277
Patient Name	Zztst, Secrist B
Patient MRN	2226897
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$500.00

Patient Balance due by
09/10/23
\$500.00

Payment plan amount of **\$0.00** now due.

The amount due represents your responsibility after any applicable insurance payments. Payment is due upon receipt. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$500.00
Amount Enclosed:	\$

Guarantor #	Statement Date
100000277	08/31/23
<input type="checkbox"/> Check Enclosed	Check # _____

Please make check payable to:

GUT16X 4059835 410902732
Secrist B Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908

8269080100000277100000500009

Amount Due \$500.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000277
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2 of 3

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- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$500.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000277
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	500.00	0.00	0.00	500.00	\$500.00
Totals	500.00	0.00	0.00	500.00	\$500.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Secrist B Zztst's visit to <i>Kolpien, Lori Ann, OD</i>		Acct #101224502			
07/18/23	Contact Lens Hydrophilic	500.00			
	Totals	500.00			\$500.00
	Balance Due				\$500.00



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100002347
Patient Name	Zztst,Lantz M
Patient MRN	2226258
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$662.00

Patient Balance due by
09/10/23
\$662.00

Payment plan amount of **\$0.00** now due.

The amount due represents your responsibility after any applicable insurance payments. Payment is due upon receipt. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

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Activation code: **9BF8H-P2RZ8-DR2GP**
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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$662.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100002347	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902733
Lantz M Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100002347100000662000

Amount Due \$662.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100002347
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2 of 3

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- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$662.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100002347
--------------------------------------	--	------------------------------------	--

3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	662.00	0.00	0.00	662.00	\$662.00
Totals	662.00	0.00	0.00	662.00	\$662.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Lantz M Zztst's visit to Conaway, Devin, DMD		Acct #101224528			
07/21/23	Space Maintainer- Fixed Bilateral Maxillary	414.00			
	Replacement of Lost or Broken Retainer - Mandibular	248.00			
	Totals	662.00			\$662.00
	Balance Due				\$662.00



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100002927
Patient Name	Zztest,Cinq-Mars
Patient MRN	2228334
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$95.38

Patient Balance due by
09/10/23
\$95.38

Payment plan amount of **\$0.00** now due.

The amount due represents your responsibility after any applicable insurance payments. Payment is due upon receipt. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

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Activation code: **VK9RV-4XN6B-X3JX6**
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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$95.38
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100002927	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902734
Cinq-Mars Zztest
134 HOMER AVE
CORTLAND, NY 13045-1206

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100002927700000095386

Amount Due \$95.38	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100002927
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2 of 3

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- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$95.38	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100002927
-------------------------------------	--	------------------------------------	--

3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	87.00	0.00	8.38	95.38	\$95.38
Totals	87.00	0.00	8.38	95.38	\$95.38

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Cinq-Mars Zztest's visit to Cortland Medical Center		Acct #600001980			
08/04/23	Laboratory - General	87.00			
	Insurance Adjustment - 08/05/23			8.38	
	Totals	87.00		8.38	\$95.38
	Balance Due				\$95.38



PO BOX 826908
PHILADELPHIA, PA 19182-6908



Guarantor #	100000556
Patient Name	Zztst,Kraus K
Patient MRN	2226204
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$139.00

Patient Balance due by
09/10/23
\$139.00

Payment plan amount of **\$0.00** now due.

The amount due represents your responsibility after any applicable insurance payments. Payment is due upon receipt. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

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Pay Online <http://e.guthrie.org/mychart>
Activation code: **8ZB2N-B8DQ3-RZ8C3**
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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$139.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000556	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902735
Kraus K Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000556400000139004

Amount Due \$139.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000556
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2 of 3

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- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$139.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000556
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	139.00	0.00	0.00	139.00	\$139.00
Totals	139.00	0.00	0.00	139.00	\$139.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Kraus K Zztst's visit to <i>Corey, Mark J, MD</i>		Acct #101224645			
08/14/23	Office Outpatient Visit Level II	139.00			
	Totals	139.00			\$139.00
	Balance Due				\$139.00



PO BOX 826908
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Guarantor #	100000389
Patient Name	Zztst,Bobula B
Patient MRN	2225520
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$63.00

Patient Balance due by
09/10/23
\$63.00

Payment plan amount of **\$0.00** now due.

The amount due represents your responsibility after any applicable insurance payments. Payment is due upon receipt. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

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Monday - Friday

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Activation code: **GP6HX-7CJ7B-B2PXD**
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Due Date	Amount Due
09/10/23	\$63.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100000389	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902736
Bobula B Zztst
1 GUTHRIE SQ
SAYRE, PA 18840-1625



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100000389900000063003

Amount Due \$63.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000389
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2 of 3

- Only Guthrie employed physician and hospital services are reflected on this statement. You will receive separate bills for non-employed physician services.
- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$63.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100000389
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	63.00	0.00	0.00	63.00	\$63.00
Totals	63.00	0.00	0.00	63.00	\$63.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Bobula B Zztst's visit to <i>Poulose, Joyson, MD</i>		Acct #101223681			
02/18/21	Assay of Urine Creatinine	34.00			
	Assay Glucose, Body Fluid	29.00			
	Totals	63.00			\$63.00
	Balance Due				\$63.00



PO BOX 826908
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Guarantor #	100003280
Patient Name	Test,Becky
Patient MRN	2228883
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$480.00

Patient Balance due by
09/10/23
\$480.00

Payment plan amount of **\$0.00** now due.

The amount due represents your responsibility after any applicable insurance payments. Payment is due upon receipt. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

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PO BOX 826908
PHILADELPHIA, PA 19182-6908

Due Date	Amount Due
09/10/23	\$480.00
Amount Enclosed:	\$

Guarantor #	Statement Date
100003280	08/31/23
<input type="checkbox"/> Check Enclosed	Check #

Please make check payable to:

GUT16X 4059835 410902737
Becky Test
1 GUTHRIE SQ
SAYRE, PA 18840-1625



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100003280100000480006

Amount Due \$480.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100003280
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2 of 3

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- Attention: Language assistance service is free of charge and available by calling 570-887-2600.
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Amount Due \$480.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100003280
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	591.00	0.00	-111.00	480.00	\$480.00
Totals	591.00	0.00	-111.00	480.00	\$480.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Becky Test's visit to <i>GUTHRIE MEDICAL GROUP LABORATORY</i>		Acct #101224773			
08/23/23	PR Collection Venous Blood,Venipuncture	18.00			
	Totals	18.00			\$18.00
Becky Test's visit to Robert Packer Hospital		Acct #112013999			
08/23/23	Radiology - Diagnostic - General	555.00			
	Guthrie Adjustment - 08/24/23			-111.00	
	Totals	555.00		-111.00	\$444.00
Becky Test's visit to <i>GUTHRIE MEDICAL GROUP LABORATORY</i>		Acct #101224805			
08/29/23	PR Collection Venous Blood,Venipuncture	18.00			
	Totals	18.00			\$18.00
	Balance Due				\$480.00



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Guarantor #	100003281
Patient Name	Cobasa, Test
Patient MRN	2228884
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$65.00

Patient Balance due by
09/10/23
\$65.00

Payment plan amount of **\$0.00** now due.

The amount due represents your responsibility after any applicable insurance payments. Payment is due upon receipt. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

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Due Date 09/10/23	Amount Due \$65.00	Guarantor # 100003281	Statement Date 08/31/23
Amount Enclosed:	\$	<input type="checkbox"/> Check Enclosed	Check # _____

Please make check payable to:

GUT16X 4059835 410902738
Test Cobasa
134 HOMER AVE
CORTLAND, NY 13045-1206



THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



8269080100003281900000065009

Amount Due \$65.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100003281
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2 of 3

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- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$65.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100003281
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	65.00	0.00	0.00	65.00	\$65.00
Totals	65.00	0.00	0.00	65.00	\$65.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Test Cobasa's visit to <i>Poulose, Joyson, MD</i>		Acct #101224778			
08/23/23	PR Collection Venous Blood,Venipuncture	18.00			
	Electrolyte Panel	47.00			
	Totals	65.00			\$65.00
	Balance Due				\$65.00



PO BOX 826908
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Guarantor #	100003282
Patient Name	Cobasb,Test
Patient MRN	2228885
Statement Date	08/31/23

Interest free & long-term payment plans up to 4 years available. Easy application, scan QR code or go to <https://portal.curae.com/Application/?code=VA5AC89J> :



SCAN & PAY

Outstanding Balance
\$29.00

Patient Balance due by
09/10/23
\$29.00

Payment plan amount of **\$0.00** now due.

The amount due represents your responsibility after any applicable insurance payments. Payment is due upon receipt. Please contact us if you are unable to pay the remaining balance in full, if you need payment plan arrangements, or if you need financial assistance.

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Due Date	Amount Due
09/10/23	\$29.00
Amount	\$
Enclosed:	

Guarantor #	Statement Date
100003282	08/31/23
<input type="checkbox"/> Check	Check #
Enclosed	

Please make check payable to:

GUT16X 4059835 410902739
Test Cobasb
134 HOMER AVE
CORTLAND, NY 13045-1206



THE GUTHRIE CLINIC
PO BOX 826908
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8269080100003282700000029001

Amount Due \$29.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100003282
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2 of 3

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- Atención: El servicio de asistencia lingüística es gratuito y está disponible llamando al 570-887-2600.

Amount Due \$29.00	Statement Date 08/31/23	Due Date 09/10/23	Guarantor # 100003282
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3 of 3

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstanding Balance	Patient Balance
All Accounts	29.00	0.00	0.00	29.00	\$29.00
Totals	29.00	0.00	0.00	29.00	\$29.00

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Test Cobasb's visit to <i>Poulose, Joyson, MD</i>		Acct #101224779			
08/23/23	Assay Quantitative,Blood Glucose	29.00			
	Totals	29.00			\$29.00
	Balance Due				\$29.00