

Understanding Your New Billing Statement

We have redesigned your billing statement to make it easier for you to understand the services we provided and the amount you owe. With this new format, you will now be able to locate the information you need more quickly, making it easier to find the information that is most important to you.

We have added an Account summary to provide a snapshot of your account, and we have reorganized and enhanced the detail page to better describe the services provided and the payments that have already been made.

Key to important information on page 1 of your statement.

- 1 Guarantor name and address
- 2 Guarantor account number
- 3 Statement date
- 4 Patient name
- 5 Patient medical record number
- 6 Total patient balance
- 7 Payment plan amount due
- 8 Balance due not on a payment plan
- 9 Amount due now
- 10 Payment due date
- 11 Important message about your account
- 12 Where to pay your bill
- 13 Where to call for account questions
- 14 Payment coupon - mail this with your payment if not using online bill pay
- 15 Enter the amount you are paying here
- 16 Guthrie lockbox address to mail payments



JOHN Q PUBLIC
123 MAIN ST
ANYTOWN NY 12345-1234

1 **2** Guarantor Account Number: 11111

Account Summary

3 Statement Date: 11/21/2016
4 Patient Name: John Q Public
5 Patient MRN: 600306
6 Total Patient Balance: \$3,432.00
7 Payment Plan Amount Due: \$85.00
8 Balance Due Not On A Payment Plan: \$2,582.00
9 Amount Due Now: \$2,667.00
10 Payment Due Date: 12/06/2016

11 Your balance is now past due. We appreciate your prompt attention and immediate payment.



GUTHRIE1-0000076-0000000-5772575-001-000001-#000001-0000

14 Please detach and return the bottom portion of this statement with your payment



☐ Please check this box if below address is incorrect or if the insurance information has changed. Indicate the change(s) on the back of this statement.

8269080000017771900000085005



JOHN Q PUBLIC
123 MAIN ST
ANYTOWN NY 12345-1234

PATIENT STATEMENT



12 **Paying your Bill:** For your convenience we have 3 options available.
-Online: Pay your bill online at www.guthrie.org/paymybill.
-Mail in: Pay your bill by mailing your payment with the bottom portion of your bill in the enclosed envelope
-Call in: Pay your bill by phone by calling 800-836-9990.

13 **Billing Questions?** Call 570-887-2600 or 800-836-9990
Monday - Friday 8:00am - 5:00pm

Can't Pay Your Bill? 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 provides financial aid to patients based on their income, assets, and financial needs. In addition, we may be able to help you get free or low-cost health insurance or work with you to arrange a manageable payment plan.

Sign Up for eGuthrie:

On the Web for secure, 24 hour access to:
-Appointment information
-Paperless billing and Online bill pay
-Ability to message your physician

To Activate Your eGuthrie Account Today

-Visit <https://e.guthrie.org/mychart/>
-Click "Sign up Now"

GUARANTOR ACCOUNT NUMBER		DUE DATE	
2	11111	10	12/06/2016
9	Amount Due Now \$2,667.00	15	Amount Enclosed

16 **Please make checks payable to:**

THE GUTHRIE CLINIC
PO BOX 826908
PHILADELPHIA PA 19182-6908



Understanding Your New Billing Statement

Key to important information on page 2 of your statement.

- 17 Description and provider that render your services
- 18 The charge for these services
- 19 Insurance payments and adjustments
- 20 Patient payments and adjustments
- 21 Visit balance
- 22 Visit ID number
- 23 Payment plan information
- 24 Important message about statement billing dates



STATEMENT DETAIL
Account No. 11111
Statement Date 11/21/2016
Page 02

Account Summary					
Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance	
GUTHRIE MEDICAL GROUP	\$1,457.00	-\$1,250.00	-\$20.00	\$187.00	
ROBERT PACKER HOSPITAL	\$10,682.01	-\$1,400.00	-\$6,037.01	\$3,245.00	
Totals				\$3,432.00	

Account Detail					
Date Of Service	Description/Services	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
10/16/16	ROBERT PACKER HOSPITAL				
	Previous Balance For VISIT ID 11111111	\$6,887.01			
11/21/16	PATIENT PAYMENT - Thank You			-\$6,037.01	
	REMAINING BALANCE FOR VISIT ID 11111111				\$850.00
	23 The above visit id(11111111) is part of a monthly payment plan. To maintain your payment plan status, please remit the established payment amount. Your current monthly payment plan amount due is \$85.00				
	GUTHRIE MEDICAL GROUP				
11/21/16	OFFICE OUTPATIENT NEW LEVEL IV	\$330.00			
	SERVICES RENDERED BY: YOUR, PHYSICIAN				
11/21/16	NASAL ENDOSCOPY,DX	\$843.00			
	SERVICES RENDERED BY: YOUR, PHYSICIAN				
11/21/16	X-RAY SINUSES 3+ VW	\$76.00			
	SERVICES RENDERED BY: YOUR, PHYSICIAN				
11/21/16	CT SCAN,MAXILLOFACIAL AREA,W/O CONTRAST	\$208.00			
	SERVICES RENDERED BY: YOUR, PHYSICIAN				
11/21/16	INSURANCE PAYMENT - AETNA CO		-\$1,240.00		
11/21/16	INSURANCE ADJUSTMENT - AETNA CO		-\$10.00		
11/21/16	PATIENT PAYMENT - Thank You			-\$20.00	
	REMAINING BALANCE FOR VISIT ID 90000000				\$187.00
11/21/16	ROBERT PACKER HOSPITAL				
	COMPUTED TOMOGRAPHIC (CT) SCANS - GENERAL	\$1,881.00			
	R&B - SEMIPRIVATE (TWO-BEDS) (MEDICAL OR GENERAL) - GENERAL	\$1,494.00			
	RADIOLOGY - DIAGNOSTIC - GENERAL	\$420.00			
11/21/16	CONTRACTUAL WRITE-OFF - AETNA CO		-\$200.00		
11/21/16	INSURANCE PAYMENT - AETNA CO		-\$1,200.00		
	REMAINING BALANCE FOR VISIT ID 110000000				\$2,395.00

24 These balances reflect charges on or after February 11, 2017. You may receive separate statements for balances prior to February 11, 2017.

