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.

- Guarantor name and address
- Guarantor account number
- Statement date
- Patient name
- Patient medical record number
- Total patient balance
- Payment plan amount due
- Balance due not on a payment plan
- Amount due now
- Payment due date
- Important message about your account
- Where to pay your bill
- Where to call for account questions
- Payment coupon mail this with your payment if not using online bill pay
- Enter the amount you are paying here
- Guthrie lockbox address to mail payments





PATIENT STATEMENT

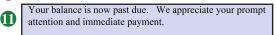


JOHN Q PUBLIC 123 MAIN ST ANYTOWN NY 12345-1234

Guarantor Account Number: 11111

Account Summary

3		
_	Statement Date:	11/21/2016
4	Patient Name:	John O Public
9	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
1	Payment Due Date:	12/06/2016













Paying your Bill: For your convenience we have 3 options

 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.

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"

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

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



2	GUARANTOR ACCOUNT NUMBER		DUE DATE 12/06/2016	•
9	Amount Due Now	\$2,667.00	Amount Enclosed	(

 □ 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

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JOHN O PUBLIC 123 MAIN ST ANYTOWN NY 12345-1234



Please make checks payable to:

-հյել|ՄՍՍՍ|ուսեւգ:||ելլ|իգումի:Միքրգլեր-իգլելի-|իլ-Մեքի

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.

- Description and provider that render your services
- The charge for these services
- Insurance payments and adjustments
- Patient payments and adjustments
- Visit balance
- Visit ID number
- Payment plan information
- Important message about statement billing dates



STATEMENT DETAIL



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

	Charges \$1,457.00 \$10,682.01	Insurance Pmts/Adjs -\$1,250.00 -\$1,400.00	Patient Pmts/Adjs -\$20.00 -\$6,037.01	Patient Balance \$187.00 \$3,245.00
	\$1,457.00	-\$1,250.00	-\$20.00	\$187.00
	1. 7			
	\$10,062.01	-\$1,400.00	-\$0,037.01	
				\$3,432.00
				\$3,432.00
•	18	1	20	2
		Insurance	Patient	Patient
scription/Services	Charges	Pmts/Adjs	Pmts/Adjs	Balance
HOSPITAL				
VISIT ID 11111111 22	\$6,887.0	1		
T - Thank You			-\$6,037.01	#050.00
ANCE FOR VISIT ID 11111111 111111) is part of a monthly paymer	at ulau			\$850.00
yment plan status, please remit the e		nt amount		
ly payment plan status, please reinit the e		nt amount.		
ly payment plan amount due is \$65.0	,0			
AL GROUP				
NT NEW LEVEL IV	\$330.0	0		
RED BY: YOUR, PHYSICIAN				
Y,DX	\$843.0	0		
RED BY: YOUR, PHYSICIAN				
VW	\$76.0	0		
RED BY: YOUR, PHYSICIAN				
DFACIAL AREA,W/O CONTRAST	\$208.0	0		
RED BY: YOUR, PHYSICIAN ENT - AETNA CO		-\$1,240.0	0	
STMENT - AETNA CO		-\$1,240.0 -\$10.0		
Γ - Thank You		-\$10.0	-\$20.00	
ANCE FOR VISIT ID 90000000			-\$20.00	\$187.00
EVEL I OR VISIT ID 3000000				\$107.00
HOSPITAL				
GRAPHIC (CT) SCANS - GENERAL	\$1,881.0	0		
E (TWO-BEDS) (MEDICAL OR	\$1,494.0	0		
RAL				
GNOSTIC - GENERAL	\$420.0			
RITE-OFF - AETNA CO				
ENIT A ETNIA CO		-\$1,200.0	0	
				\$2,395.00
R	NOSTIC - GENERAL LITE-OFF - AETNA CO ENT - AETNA CO	NOSTIC - GENERAL \$420.0 LITE-OFF - AETNA CO ENT - AETNA CO	NOSTIC - GENERAL \$420.00 LITE-OFF - AETNA CO -\$200.0 ENT - AETNA CO -\$1,200.0	NOSTIC - GENERAL \$420.00 LITE-OFF - AETNA CO -\$200.00

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

