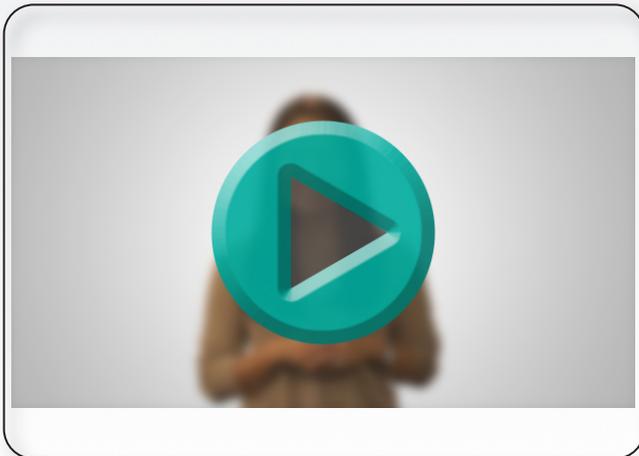




# Emdeon General Hospital

Statement Date  
August 29, 2013  
Billing Statement for  
**Sample Patient**  
Account Number: 12345678



Unable to view video? Click to play online.

**What YOU  
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**\$327.00**

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Dates Of Service	Department/ Description Account Number	Last Statement Balance	New Charges	Charges Billed to Insurance	Insurance Payments/ Adjustments	Patient Payments/ Adjustments	Total Amount Due
09/01/2012	Medical Center Account # 123456789 Radiology	\$25.00					\$25.00
10/01/2012 10/31/2012	Medical Center Account # 123456789 Office Visit Insurance Adjustment	\$442.00			(\$240.00)		\$202.00
10/15/2012 10/15/2012 10/30/2012 10/30/2012	Medical Center Account # 123456789 Digestive Procedure Patient Payment Insurance Adjustment Insurance Payment		\$1,098.00		(\$128.00) (\$550.00)	(\$320.00)	\$100.00
10/20/2012 10/20/2012	Physician Services Dr. A Account # 22233333 Office Visit Patient Payment		\$189.00	(\$169.00)		(\$20.00)	\$0.00
10/25/2012 10/25/2012	Physician Services Dr. B Account # 2222222 Office Visit Patient Payment		\$159.00	(\$139.00)		(\$20.00)	\$0.00
		\$467.00	\$1,446.00	-\$308.00	-\$918.00	-\$360.00	<b>\$327.00</b>

Please pay the above amount to Emdeon General Hospital by September 29, 2013.



# Emdeon General Hospital

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## Emdeon General Hospital Billing FAQs

Below includes a list of the most frequently asked billing questions. If you don't find the answers you need below, please visit [www.emdeongeneralhospital.org/mybill](http://www.emdeongeneralhospital.org/mybill) for more information about Emdeon General Hospital's billing policies, a glossary of commonly used billing terms and Emdeon General Hospital's Interactive Guide to Understanding Your Bill.

### Where can I call if I have questions about my hospital bill?

You may call the Patient Billing Department at **877.EMDEON.6**, Monday through Friday from 7:00 am to 7:00 pm and Saturday and Sunday from 12:00 pm to 7:00 pm.

### How can I pay my bill?

In order to provide you with a variety of payment options, Emdeon General Hospital accepts payments online and over-the-phone. In addition, we also accept check and credit card payments by mail. You can also stop by our convenient downtown location to make payment arrangements in person.

### Payment Options

Pay online at [www.emdeongeneralhospital.org/mybill](http://www.emdeongeneralhospital.org/mybill) (Available 24/7)

Pay-by-phone **877.EMDEON.6** (Available 24/7)

Mail check with [statement stub](#)

Mail credit card information with [statement stub](#)

### Can I pay my hospital bill online?

Yes, you may pay your hospital bill at [www.emdeongeneralhospital.org/mybill](http://www.emdeongeneralhospital.org/mybill). Payments can be conveniently submitted online 24 hours a day, 7 days a week.

### Where should I mail my payment?

Check Payments by Mail

- To pay by check, please make checks payable to Emdeon General Hospital and write your Account Number on your check.
- Detach and return the bottom portion of [Page H\(statement stub\)](#) along with your payment.

Credit Card Payments by Mail

- Complete the credit card portion of the statement stub.
- Detach and return the bottom portion of [Page H\(statement stub\)](#) along with your payment.

Please use the enclosed postage paid envelope and mail to the address below:

Emdeon General Hospital

Mail Stop 12345678

PO Box 1234

Anytown, Anystate 11111-1234

# Be Prepared for Flu Season!

Flu shots are available at Emdeon General Hospital Family Clinics.





# Emdeon General Hospital

What YOU OWE NOW

**\$327.00**

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## Payment Options



Pay online at [www.emdeongeneralhospital.org/mybill](http://www.emdeongeneralhospital.org/mybill) (Available 24/7)



Pay-by-phone 877.EMDEON.6 (Available 24/7)



Mail check with statement stub



Mail credit card information with statement stub

### Discounts

You may be eligible for a prompt pay discount if your account is paid in full within 30 days from the date of your first statement. Please contact our Patient Financial Services Department at **877.EMDEON.6** for more details.

### Monthly Payment Plans

You may be eligible to establish a monthly payment plan in order to pay your total amount due over a series of monthly installments. Please contact our Patient Financial Services Department at **877.EMDEON.6** for more details.

### Financial Assistance

Financial assistance is available for patients who meet eligibility criteria. Please contact our Patient Financial Services Department at **877.EMDEON.6** for more details.

### Check Payments by Mail

To pay by check, please make checks payable to Emdeon General Hospital and write your Account Number on your check. Detach and return the bottom portion of your statement stub (below) along with your payment.

### Credit Card Payments by Mail

Complete the credit card portion of the statement stub. Detach and return the bottom portion of your statement stub (below) along with your payment. Please use the enclosed postage paid envelope and mail to the address below:

Emdeon General Hospital  
Mail Stop 12345678  
PO Box 1234  
Anytown, Anystate 11111-1234

Statement Date: 08/29/13



Emdeon General Hospital  
Mail Stop 12345678  
PO Box 1234  
Anytown, Anystate 11111-1111



Please check box if address and/or insurance information has changed, and indicate change(s) on reverse side.

Sample Patient  
10621 Main Street  
Anytown, Anystate 12345

## Account Number 12345678

For credit card payments, complete section below.

Discover Card  Visa  MasterCard  American Express

card number	amount
signature	exp date

**What You Owe:** **\$327.00** **Due Date:** September 29, 2013

Amount authorized or enclosed

Emdeon General Hospital  
Mail Stop 12345678  
PO Box 1234  
Anytown, Anystate 11111-1234



Emdeon General Hospital

What YOU  
OWE NOW

**\$327.00**

Pay Now



## HAS ANY OF THE FOLLOWING CHANGED?

If yes, please visit [www.emdeongeneralhospital.org/mybill](http://www.emdeongeneralhospital.org/mybill) to update.

### INSURANCE INFORMATION

#### PRIMARY

Insurance Name  
Name of Insured  
Policy Number

Medicare  
Sample Patient  
12345678

#### SECONDARY

Insurance Name  
Name of Insured  
Policy Number

AARP  
Sample Patient  
12345678



## Emdeon General Hospital

What YOU  
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**\$327.00**

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Thank you for choosing Emdeon General Hospital for your healthcare needs. Our mission is to improve the health of the people and communities we serve. We are committed to helping you by providing the support and information you need to make informed decisions about your financial responsibility.

### Contact Us By Phone



877.EMDEON.6

Monday through Friday: 7:00 am to 7:00 pm

Saturday and Sunday: 12:00 pm to 7:00 pm

### Si Tiene Preguntas Por Favor Llame



877.EMDEON.6

07 a.m.- 07 p.m., de lunes a viernes

12 p.m.- 07 p.m., de Sabado y Domingo

### Contact Us By Mail

Emdeon General Hospital

PO Box 12345

Anytown, Anystate 11111-1111

### Contact Us Online

Complete the form below and a billing representative will contact you shortly.

**First Name**

**Last Name**

**Email**

**Phone**



Locked: please slide the arrow to the right to unlock and submit the form

Submit