## QUESTIONS? call Customer Service

 at (800) 555-5555.Pay Online: adventisthealth.org/pay-your-bill
Access Code: 1234567890
Page 1

JON Q DOE
1234 MAIN ST
ALBERT LEA, USA 56007

If you have any questions regarding your insurance benefits or payment. Please contact your insurance company directly.
Statement \#: 12345678
Patient: Jon Q. Doe

| Date | Description | Charges | Payments/ Adjustments | Patient Balance | Status |
| :---: | :---: | :---: | :---: | :---: | :---: |
| $\begin{aligned} & 07 / 15 / 12 \\ & 08 / 01 / 12 \\ & 08 / 01 / 12 \end{aligned}$ | Adventist Health Int Med Assoc | Provider: Smith MD, Susan |  | \$50.00 | 1 |
|  | Encounter\#: 987654321 |  |  |  |  |
|  | Insurance: Medicare |  |  |  |  |
|  | 99214 Clinic Visit | \$350.00 | $\begin{array}{r} \$ 250.00 \\ \$ 50.00 \end{array}$ |  |  |
|  | Insurance Payment |  |  |  |  |
|  | Insurance Discount |  |  |  |  |
|  | Balance |  |  |  |  |
| $\begin{aligned} & 08 / 12 / 12 \\ & 08 / 21 / 12 \end{aligned}$ | Adventist Health Int Med Assoc | Provider: Smith MD, Susan | \$400.00 | \$10.00 | 2 |
|  | Encounter\#: 876543219 |  |  |  |  |
|  | Insurance: Medicare, Humana | \$410.00 |  |  |  |
|  | 10021 Bill FNA w/o Imaging Guidance |  |  |  |  |
|  | Insurance Payment |  |  |  |  |
|  | Balance |  |  |  |  |
| 08/21/12 09/01/12 | Adventist Health Int Med Assoc | Provider: Smith MD, Susan ${ }^{\text {a }} \begin{array}{r}\text { a } \\ \\ \$ 400.00\end{array}$ | $\begin{array}{r} \$ 350.00 \\ \$ 50.00 \end{array}$ |  | 3 |
|  | Encounter \#: 765432198 |  |  |  |  |
|  | Insurance: Medicare, Humana |  |  |  |  |
|  | 38221 Bill BM Biopsy, Needle Or Trocar |  |  |  |  |
|  | Insurance Payment |  |  |  |  |
|  | Insurance Discount |  |  |  |  |
|  | Balance |  |  | \$0.00 |  |

FINANCIAL ASSISTANCE: Adventist Health provides discounts to eligible low-income patients. If you can't pay part of your bill, please contact our Customer Service Department. We will review your financial situation to determine if you are eligible for financial assistance.

## STATUS MESSAGES:

1 - This is an itemized statement of the charges on your account. If you have any questions, please contact us during normal business hours.
2 - Your insurance has processed your claim. This balance is your responsibility. Please make your payment today or contact us to discuss financial arrangements.

Pay Online: adventisthealth.org/pay-your-bill
Access Code: 1234567890
Total Charges (Patient Services): . \$1,160.00
Total Payments:
\$1,000.00
Total Adjustments:
$\$ 100.00$

## Pay This

Amount:

## Change of Address

Name (Last, First, Middle Initial)

Address

| City | State |  |
| :--- | :--- | :--- |
| Telephone |  |  |

Primary Insurance Updates
Primary Insured Name

| Primary Insurance Name | Effective Date |
| :--- | :--- |
| Primary Insurance Street Address |  |


| Primary Insurance Street Address |  |  |
| :--- | :---: | :---: |
| City | State | ZIP | Telephone | Group Number |
| :--- |
| Employer Name |
| Subscriber ID \# |

If any of the following has changed since your last statement, please indicate...

## Secondary Insurance Updates

Secondary Insured Name

| Secondary Insurance Name |  | Effective Date |
| :--- | :--- | :--- |
| Secondary Insurance Street Address |  |  |
| City | State | ZIP | Telephone

## MESSAGE'S CONTINUED:

3 - Second Notice - We have not yet received payment on your account. Please make your payment today or contact us to discuss financial arrangements.

4 - Your account is now past due. Please make your payment in full today.
5 - Past Due Notice - Your account is now seriously past due. To avoid further collection activity, please make your payment in full today.

6 - FINAL NOTICE - If full payment is not received within 10 days your account will be referred to a collection agency.
7 - Second Notice - We have not yet received full payment on your account. Please make your payment today or contact us to discuss financial arrangements.
8 - Your account is now past due. Please make your payment in full today.
9 - Past Due Notice - Your account is now seriously past due. To avoid further collection activity, please make your payment in full today.
10 - Thank you for your payment. Your next payment is due as scheduled.
11 -We have not received your payment as agreed. Please make your past due payment along with your current month's payment.
12 - We have not received your payments as agreed. Please bring your account current within 10 days or your contract will be invalid

13 - FINAL NOTICE - Your contract is now invalid. If full payment of the balance is not received within 10 days your account will be referred to a collection agency
14 - We did not receive your payment as agreed. Please bring your account current or contact us to make other arrangements 15 - We have not received your payments as agreed. Please bring your account current within 10 days or your contract will be invalid.

| STATEMENT NUMBER | AMOUNT DUE | DUE DATE |
| :---: | :---: | :---: |
| 12345678 | $\$ 60.00$ | $09 / 24 / 12$ |

Pay Online: adventisthealth.org/pay-your-bill
Access Code: 1234567890
QUESTIONS? call Customer Service
at (800) 555-5555.


