

Understanding Your Bill / Statement

We've recently updated our bill to make it easier to understand.
This sample statement explains at a glance the components of the new bill.

Page 1 of 1

bellinhealth

BELLIN HEALTH
PO BOX 22487
GREEN BAY, WI 54305-2487
920.445-7210

1

Responsible Party: *PATIENT, BELLIN B*

2

Statement Date: *05/03/2009*

3

Patient Information	Description	Balance
Patient Name: PATIENT, CHILD C	Total charges to date:	\$391.00
Care Location: Fmc De Pere	Total insurance payments to date:	\$-137.31
Date of Service: 03/18/2009	Total adjustments to date:	\$-89.25
Account #: D0001234567	Total patient payments to date:	\$0.00
	Patient Balance:	\$164.44

4

5

Please Pay This Amount by 05/30/2009 : \$164.44

6

7

bellinhealth

BELLIN HEALTH
PO BOX 22487
GREEN BAY, WI 54305-2487

8

PATIENT, BELLIN B
123 MAIN ST
GREEN BAY WI 54304

9

If paying by MASTERCARD, DISCOVER or VISA, fill out below

	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Card Number:	_____				
Signature:	_____				
Expiration Date:	____/____	Security Code	____		
Statement Date:	05/03/2009	Payment Due Date:	05/30/2009		
Account Number	DOS	Patient Balance	AMOUNT PAID		
D0001234567	03/18/2009	\$164.44	_____		
TOTAL AMOUNT PAID			_____		

11

10

12

- Name and Address of Healthcare System
- Responsible Party** - The guarantor name appears here. This is the person who is responsible for paying this bill.
- Statement Date** - Date your statement was created. Any payments posted afterward will not be reflected in this Balance Due.
- The name of the patient who received services, the location where the services were rendered, the date the services were rendered, and the Account# of the facility where the services were rendered.
- Total charges to date** - Total charges with a balance out to Self Pay for this date of service.
Total insurance payments to date - Total insurance payments applied to the charges with a balance out to Self Pay for this date of service.
Total adjustments to date - Total adjustments applied to the charges with a balance out to Self Pay for this date of service.
Total patient payments to date - Total patient payments applied to the charges with a balance out to Self Pay for this date of service.
Patient Balance - Remaining patient balance for charges with a balance out to Self Pay for this date of service.
- Please Pay This Amount by** - date the payment is due and amount that is due.
- Message box - Various messages from the Business Office will appear in this box.
- The name and address which you will mail your payment to. Please detach this portion of the statement and send with your payment to ensure proper credit to the account.
- Guarantor's Name and Address
- Complete this area if paying by credit or debit card.
- Statement Date and Payment Due Date
- A listing of each facility's Account#, the Date of Service, the Patient Balance for that facility and the amount you wish to pay on that account number.