



0101

ADDRESS SERVICE REQUESTED

For Billing Questions, Please Call: (860) 963-6337

PAGE: 1 of 1

JOHN Q. PATIENT
1234 MAIN STREET
ANYTOWN, USA 54321

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.

CHECK CARD USING FOR PAYMENT

MASTERCARD
 DISCOVER
 VISA
 AMERICAN EXPRESS

CARD NUMBER	SIGNATURE CODE	
SIGNATURE		EXP. DATE
PATIENT NAME	STATEMENT DATE	DATE DUE
PATIENT, JOHN Q.	7/23/09	08/07/09
ACCOUNT NUMBER	AMOUNT DUE	AMOUNT PAYING
99999999	\$20.00	\$

652070F



DAY KIMBALL HOSPITAL
320 POMFRET STREET
P.O. BOX 6001
PUTNAM, CT 06260-0901

S 14222-1919*TPF0HYZTO000007

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Account Summary

Patient Name	PATIENT, JOHN Q.
Account Number	99999999
Service Date(s)	6/04/09
Charges billed to insurance	\$164.95
Insurance payments received	\$-24.43
Patient payments received	\$0.00
Adjustments	\$-120.52

Pay This Amount **\$20.00**

Insurance Information

PRIMARY INSURANCE: BLUE CROSS MEDICARE
Primary Insurance ID# XGA716A23815

SECONDARY INSURANCE:
Secondary Insurance ID#

TERTIARY INSURANCE:
Tertiary Insurance ID#

Questions or Concerns:

If you have any questions or concerns regarding your account, or need to discuss payment arrangements, please call the Day Kimball Patient Accounts Department at **(860) 963-6337** Monday through Friday between the hours of 9:00 a.m. and 6 p.m. (except holidays). For your convenience we accept VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS, and CHECK-BY-PHONE.

Please note that Radiologists, Anesthesiologists, Pathologists, Hospitalists, and Emergency Room Physicians bill separately for their services.

Thank you for choosing Day Kimball Hospital to serve your healthcare needs.

PLEASE RETAIN THIS PORTION FOR YOUR RECORDS

Summary of Charges

Description	What We Billed
LABORATORY	164.95
TOTAL CHARGES	164.95
Insurance Payments/Adjustments	-144.95
Patient Payments/Adjustments	0.00
Account Balance	\$20.00

About Your Account

Your insurance plan has paid its portion and the remaining balance is now your responsibility. Please send in your payment within 10 days.





Thank you for choosing
Day Kimball Hospital

“We Treat You Well”

**HERE IS SOME IMPORTANT INFORMATION CONCERNING
THIS STATEMENT OF YOUR DAY KIMBALL HOSPITAL ACCOUNT...**

1. PAYMENT TERMS

Payment in full of the amount shown in the “AMOUNT DUE” box on this statement is expected. Please submit your payment along with the top portion of this statement in the return envelope enclosed for your convenience. Please note that we accept VISA, MASTERCARD, DISCOVER and AMERICAN EXPRESS credit card payments, as well as CHECK BY PHONE. You will be expected to pay the AMOUNT DUE in full within 15 days of the “STATEMENT DATE” or make payment arrangements with a Patient Accounts Financial Counselor. An itemized statement is available upon request.

2. FINANCIAL POLICY

If you are unable to pay the amount shown in the “AMOUNT DUE” box at this time, please contact a Patient Accounts Financial Counselor at (800) 243-9797, so that we can discuss financial arrangements with you. For your convenience, Patient Accounts Financial Counselors are also available via email at Patient_Financial_Counselor@DayKimball.org.

3. PATIENT ACCOUNTS OFFICE HOURS

If you have any questions or concerns regarding your account, or need to discuss arrangements for payment, please call us at (800) 243-9797, Monday through Friday between 9:00A.M. and 6:00 P.M. (except holidays).

4. OTHER BILLING INFORMATION

You may receive bills from other doctors or medical specialists who assisted in your care. These charges for services may include:

NES Physician	(Emergency Room Physician)	800-998-7578
UMass Memorial Medical Group, Inc.	(Pathology)	508-334-1840
Team Physicians of CT	(Radiology Physician)	800-996-3395
Sheridan Health Corp.	(Anesthesiology Physician)	800-296-2611
NES Hospitalists	(Hospitalist Physician).....	800-998-7578

