



PO BOX 226 | BATESVILLE IN 47006

# Explanation of Patient Billing Statement

CER-141

## PATIENT STATEMENT

**i** For help with billing questions, please call:  
(812) 933-5441  
Office Hours: Monday – Friday 8:00 am- 4:00 pm

### Addressee



**5** JOHN W DOE  
1234 SMITH ST  
BATESVILLE, IN 47006

**1** **Pay Online:** mmhealth.paymyhealthbill.com  
**Access Code:** 8011047952

<b>2</b>	<b>3</b>	<b>3</b>	<b>4</b>	
Statement Number	Due Date	Amount Due	Amount Paid	
187539522	08/23/2022	\$41.42	\$	

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### Please make checks payable and remit to:

**6**   
**MARGARET MARY COMMUNITY HOSPITAL**  
PO BOX 226  
BATESVILLE, IN 47006

Check if address/insurance changes are on back

<b>2</b>	<b>5</b>	<b>7</b>	Please detach and return top portion with payment.
Statement Number	Guarantor Name	Statement Date	Due Date
187539522	JOHN W DOE	07/26/2022	08/23/2022

Date	Service Description	Charges	Payments/ Adjustments	Patient Balance
	<b>Date of Service (07/07/22) JOHN W DOE</b> <i>Provider: BILTZ, MICHELLE M MD Loc: MEDICAL ARTS CENTER</i>			
7/07/2022	PRO FEE/CLINIC	<b>9</b> \$100.88		
7/25/2022	COMMERICAL INSURANCE PAYMENT <b>10</b>		-\$90.79	
7/25/2022	CONTRACTUAL ALLOWANCE ADJUSTMENT <b>11</b>		\$0.00	
	<b>VISIT TOTAL</b>			<b>\$10.09</b>
	<b>Date of Service (07/13/22) JANE S DOE</b> <i>Provider: MCDONALD III, WILLIAM GRANT MD Loc: MMCH ORTHO</i>			
7/13/2022	PRO FEE/CLINIC	\$172.31		
7/25/2022	COMMERICAL INSURANCE PAYMENT		-\$140.98	
7/25/2022	CONTRACTUAL ALLOWANCE ADJUSTMENT		\$0.00	
	<b>VISIT TOTAL</b>			<b>\$31.33</b>

### MESSAGES

Thank you for your payment. If there is still an outstanding balance on your account, please pay in full today. If you cannot make payment in full, please call 812-933-5441.

### STATEMENT SUMMARY

Total Charges: .....\$273.19  
Insurance Payments/Adjustments: .....-\$231.77  
Patient Payments/Adjustments: .....\$ 0.00

**12** **AMOUNT DUE: \$41.42**

- 1 Online Bill Payment Information:** Margaret Mary Health offers an online bill pay option to pay your account. You will need to reference your access code provided when paying online.
- 2 Billing Statement Number:** The statement number for services provided at Margaret Mary Health during this encounter. Refer to this number when contacting us with questions.
- 3 Due Date:** This is the date your payment is due at Margaret Mary Health. A patient can make their payment online, mail in their payment or call the phone number listed in the top left corner of the statement.
- 4 Account Balance Due:** This is your total balance due for the services provided during this encounter at Margaret Mary Health.
- 5 Addressee/Responsible Party Name (Guarantor):** The person designated to receive the billing statement who is the insurance policy holder. This person is responsible for coordinating the billing, payment and insurance coverage for the account.
- 6 Name/Address to Send Payment To:** Payments should be mailed to the address listed on the patient billing statement.
- 7 Statement Date:** This is the date your statement is printed.
- 8 Description of Service:** Provides the date of service, provider name (if applicable), facility location and a description of each charge.
- 9 Charges:** Shows the amount billed to insurance or patient.
- 10 Insurance Payments:** Displays payments made by insurance. Payments display as a negative number.
- 11 Contractual Adjustments:** All insurance or other adjustments credited to this encounter. Credits and/or debits applied to the account are due to the contract agreement between Margaret Mary Health and the insurance company.
- 12 Current Amount Due:** The total amount due from the guarantor for services provided for all patient encounters associated to the guarantor.