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Amount Due on 12/27/2023
\$307.00

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MM_A ▲ 000009 B6
John W Smith
1234 Elm Street
Batesville, IN 47006

Important Messages

Thank you for choosing Margaret Mary Health for your health care needs. Your balance is due now. Please pay upon receipt of this notification. If you are unable to pay the full balance, you may elect a payment plan.

Payment Methods



Pay online
mmhealth.org/paymybill



Pay by Phone: **812-933-5441 ext 1**



Scan this QR code for quick access with a smartphone

Account Summary

2 **Account Number**
21299289

3

Statement Date 11/27/2023

4

Total Remaining Balance \$307.00

Payment Plan Amount Due \$0.00

Amount Due Not on Payment Plan \$307.00

5

Amount Due \$307.00

6

AMOUNT DUE ON 12/27/2023

7

Payment Options

8

Payment Plan
\$102.34
x 3 months

OR

Pay In Full
\$307.00
Due Upon Receipt

View All Options: mmhealth.org/paymybill

Customer Service

If you have questions about your bill or need an Itemized Statement, please call (812) 933-5441

Hours of Operation:
Mon - Fri 8:15 AM - 4:00 PM

Minimum Amount Due: \$307.00

Amount Enclosed

Make a payment of \$102.34 to activate a payment plan. By paying monthly, I agree to the terms located at mmhealth.org/paymybill

Pay Online
mmhealth.org/paymybill

If paying by check
Please make check payable to **Margaret Mary Health**
and include your account # on your check.

Check here for change of address or insurance (see reverse)

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Margaret Mary Health
PO Box 226
Batesville IN 47006



020201000009

Account Number 21299289
Guarantor Name JOHN W SMITH
Statement Date 11/27/2023

Accounts Not On Pay Plan

10 Description	11 Charges	12 Insurance Pmt/Adj	13 Patient Pmt/Adj	Patient Responsibility
Hospital Services				
Visit: 16176544				
Patient Name: John W Smith				
Location: Margaret Mary Community Hospital				
01/21/2023	diphenhydrAMINE 50 mg/mL inj [MMCH]	\$15.96		
	ketorolac 30 mg/mL inj [MMCH]	\$15.96		
	metoclopramide inj 10 mg/2 mL [MMCH]	\$15.96		
	IVF 0.9% NaCl 1,000 mL [MMCH]	\$76.37		
	EMERGENCY RM - LEVEL 3	\$484.00		
	ER NON EMERG INJ IV PUSH INITL	\$233.00		
	INJ ADDLSEQ IVP NEW DRUG ESD	\$466.00		
	ESD IV INF HYDR EA ADDL HR	\$570.80		
	EMERGENCY PHYSICIAN LEVEL 3	\$471.70		
	Insurance Payments & Adjustments	-\$2,042.75		
	Account Subtotals	\$2,349.75	-\$2,042.75	\$0.00
	Account (Not on a Pay Plan) Totals	\$2,349.75	-\$2,042.75	\$0.00
				\$307.00

- 1 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.
- 2 Account Number:** The account number for all services provided at Margaret Mary Health for this Guarantor. Refer to this number when contacting us with questions.
- 3 Statement Date:** This is the date your statement is printed.
- 4 Total Remaining Balance:** This is your total remaining account balance due for all services provided at Margaret Mary Health.
- 5 Amount Due:** The total amount currently due from the guarantor for services provided for all patient encounters associated to the guarantor. This may include services on payment plans and services not on payment plans.
- 6 Due Date:** This is the date your payment is due at Margaret Mary Health.
- 7 Payment Methods:** Margaret Mary Health offers an online bill pay option to pay your account whether accessing via desktop or scanning the QR code. You can also pay by phone 24/7. You will need to reference your account number when making payments.
- 8 Payment Options:** Provides payment plan options for those who choose not to pay in full. To view all payment plan options or add new bills to an existing payment plan, visit mmhealth.org/paymybill.
- 9 Name/Address to Send Payment To:** Payments should be mailed to the address listed on the patient billing statement.
- 10 Description:** Provides the date of service, facility location and a description of each charge.
- 11 Charges:** Shows the amount billed to insurance or patient.
- 12 Insurance Payments/Adjustments:** Displays payments and/or contractual adjustments credited to this encounter made by insurance. Payments display as a negative number.
- 13 Patient Payments/Adjustments:** Displays payments made by patient to this encounter.