Explanation of Patient Billing Statement

MARGARET MARY HEALTH

PO BOX 226, BATESVILLE, IN 47006

CER-141

PATIENT STATEMENT

For help with billing questions, please call:
812-933-5441
Office Hours: Monday – Friday 8:00 am- 4:30 pm

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

2 Statement Number	3 Due Date	Amount Due	Amount Paid
157836217	10/02/2019	4 $8.07	$

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Addressee

5 JOHN W DOE
1234 SMITH ST
BATESVILLE, IN 47006

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

7 Please detach and return top portion with payment.

2 Statement Number	5 Guarantor Name	Statement Date	Due Date
157836217	JOHN W DOE	09/04/2019	10/02/2019

Date	Service Description	Charges	Payments/ Adjustments	Patient Balance
	Date of Service (08/01/19) 8			
08/01/2019	PRO FREE/CLINIC	9 $100.88		
08/30/2019	COMMERCIAL INSURANCE PAYMENT 10		-$90.79	
08/30/2019	CONTRACTUAL ALLOWANCE ADJUSTMENT 11		$0.00	
08/30/2019	DISCOUNT ADJUSTMENT		-$2.02	
	VISIT TOTAL			12 **$8.07**

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: $100.88
Insurance Payments/Adjustments: .....-$92.81
Patient Payments/Adjustments: $0.00

12 **AMOUNT DUE: $8.07**

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. If you are paying your balance in full within the first 30 days, you will need to manually enter the adjusted prompt-pay discount amount.

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. 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. **Patient Balance/Amount Due:** The total amount due from the guarantor for services provided.