

Understanding Your New Billing Statement

We have redesigned your billing statement to make it easier for you to understand the services we provided and the amount you owe. With this new format, you will now be able to locate the information you need more quickly, making it easier to find the information that is most important to you.

We have added an Account Summary to provide a snapshot of your account, and we have reorganized and enhanced the detail page to better describe the services provided and the payments that have already been made.

Key to important information on the front side of your statement.

- 1 The amount we received from you over the past 30 days.
- 2 The amount you owe.
- 3 Important message about your account status.
- 4 Your insurance information according to our files.
- 5 Where to pay your statement online.
- 6 Your Guthrie Medical Group Account Number.
- 7 Our telephone numbers and office hours.
- 8 Payment slip - mail this with your payment if not using Online bill pay.
- 9 The date your payment is due.
- 10 Enter the amount you are paying here.



Guthrie Medical Group, P.C.



Guthrie Medical Group, P.C.
One Guthrie Square
Sayre, PA 18840-1699

Statement Date
February 11, 2014

JOHN Q PUBLIC
123 MAIN ST
ANYTOWN, NY 13899

Account Summary

Patient Name	John Q Public
1 Patient Payments (Last 30 Days)	\$ 0.00
Amount Due	\$50.00 2

3 The amount due represents your responsibility after any applicable insurance payments. Payment is due upon receipt.

Dunning Level: 1 Acctstat:

4 **Insurance Information on File**
Please confirm this information is correct and if your insurance information has changed, please indicate your changes on the reverse side of the payment form.

Primary Insurance	MEDICARE - ASSIGNED
Secondary Insurance	EXCELLUS NON-MANAGE



Guthrie Medical Group, P.C.

Check here if your address or insurance has changed. Please indicate your changes on the reverse side of this page.

Make Checks Payable to:

GUTHRIE MEDICAL GROUP, P.C.
ONE GUTHRIE SQUARE
SAYRE, PA 18840-1699

Statement of Physician Services

5 Online bill pay now available
www.guthrie.org/content/pay-my-bill

6 Your Account Number is 009999

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About Your Statement

Paying Your Bill: For your convenience, we have 3 options available.

- Online: Pay your bill online at www.guthrie.org/content/pay-my-bill.
- Mail in: Pay your bill by mailing your payment with the bottom portion of your bill in the enclosed envelope.
- Call in: Pay your bill over the phone by calling 800-836-9990.

Can't Pay Your Bill? Guthrie Health is proud of its mission to provide quality care to all who need it. If you do not have health insurance or worry that you may not be able to pay part or all of your care, we may be able to help. Guthrie Health provides financial aid to patients based on their income, assets, and financial needs. In addition, we may be able to help you get free or low-cost health insurance or work with you to arrange a manageable payment plan.

7 **Billing Questions?** Call 570-887-2600 or 800-836-9990
Monday - Friday, 8:00am - 5:00pm.



Get connected to your health record with request an appointment, ask your provider a question, view your medical history and more all from the comfort of your home, or on the go with our mobile app. Visit www.eguthrie.org to sign up.

Please See Reverse Side for Account Detail

8

Patient Name	Account Number	Date Due
JOHN Q PUBLIC	009999	Upon Receipt
Amount Due	Amount Enclosed	
\$50.00	\$	

9

10

Pay your bill online at www.guthrie.org/content/pay-my-bill



Card Number _____

Expiration Date _____

Signature _____

Understanding Your New Billing Statement

Key to important information on the back side of your statement.

- 11 Date you were seen by your provider.
- 12 Provider that rendered your services.
- 13 Services rendered and payments received.
- 14 The charge for these services.
- 15 The amount your insurance company paid.
- 16 Contractual adjustments made by your insurance company.
- 17 Amounts you have already paid.
- 18 The amount you owe.
- 19 Remarks about your insurance payments.
- 20 Enter any address changes here.
- 21 Enter any insurance changes here.

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Date of Service	Provider	Description	Charge	Insurance Payments	Insurance Adjustments	Patient Payments	Amount You Owe	Remarks
01/20/14	INV #: 999999999 Marcus Welby MD	Office Visit Level3,Est.Pt 01/28/14 NY Medicare Payment 02/07/14 NY Central Blue Shield	\$ 138.00	\$ 0.00 \$ 20.15	\$ 67.85 \$ 0.00		\$ 50.00	A A
TOTAL			\$ 138.00	\$ 20.15	\$ 67.85		\$ 50.00	

19 (A) Amount Applied To Your Deductible/Coinsurance.

20 **Address Change** Account Number 009999

Patient Name	Street Address	City	State	Zip Code	Telephone Number
Guarantor Name	Street Address	City	State	Zip Code	Telephone Number

21 **Insurance Change** Primary or Secondary (circle one)

Subscriber ID	Telephone Number
Subscriber Name	Group Number
Insurance Company Name	Group Name
Insurance Company Claim Address	Coverage Effective Date

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Federal and state laws require all hospitals/clinics to seek payment for care provided. This means we could ultimately turn unpaid bills over to a collection agency, which could affect your credit status. Therefore, it is important that you let us know if there may be a problem paying your bill.