



150 Broad Street
Hamilton, NY 13346

7 JOHN DOE
123 MAIN STREET
ANYWHERE, NY 12345

1 Patient Name JOHN DOE		14 Amt due from Patient 45.00	
2 Services Date(s) From/Through 2/06/23 - 2/06/23		3 Statement Date 2/28/2023	
4 This is the current insurance information on file		9 Account Number 12345678	
Insurance Name Excellus BCBS			
5 If paying by CREDIT CARD, Please complete this section			6 CHECK/M.O.
<input type="checkbox"/> VISA <input type="checkbox"/> M.C. <input type="checkbox"/> DISCOVER Card # _____ Exp. Date ____/____ Amt Authorized \$ _____ CVV# ____ Signature _____			AMOUNT ENCLOSED \$ _____

8 **Make checks payable to:**

COMMUNITY MEMORIAL HOSPITAL
PO BOX 2337
SYRACUSE NY 13220-2337



9 Account Number 12345678	10 Previous Balance .00	11 Charges 854.90	12 Est Ins Coverage .00	13 Payments / Adj's 809.90	14 Amt due from Patient 45.00
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15 Account Number 12345678	16 Patient Name JOHN DOE	17 Service Date(s) 2/06/23 - 2/06/23	18 Statement Date 2/28/2023	Page 1
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19 Date(s)	20 Description	21 Charges	22 Est Ins Coverage	23 Payments / Adj's
2/06/23	CHG 402 76700 ULTRASOUND	854.90		
2/06/23	ADJ PCon Ins Contractual Adj			530.04
2/22/23	ADJ TCopa Transfer Copay			.00
2/22/23	ADJ MedSe Medicare Sequestration			5.60
2/22/23	ADJ PInsu Payer Insurance Pymt			274.26
	Estimated Insurance Due:			.00

24 Previous Balance:	.00	Column Total:	854.90		809.90
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25 Amount Due from Patient:	45.00
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FOR BILLING QUESTIONS PLEASE CALL: 315-701-5627
Business Office Hours:
Mon-Thur: 8AM-6:30PM
Fri: 8AM-4:30PM

This bill contains Hospital Charges only. Physician Service charges are billed separately.

COMMUNITY MEMORIAL HOSPITAL OFFERS A FINANCIAL ASSISTANCE PROGRAM. FOR MORE INFORMATION PLEASE CALL (315) 824-6553 OR (315) 824-6552 OR GO TO: <https://www.communitymemorial.org/financial-assistance/>

FOR ANSWERS TO FREQUENTLY ASKED BILLING QUESTIONS OR

TO PAY ONLINE → **PLEASE SCAN THE CODE TO THE RIGHT OR LOG ONTO:**
<https://communitymemorial.org/about/billing/>

