



PO BOX 1230
EVANSVILLE, IN 47706-1230

| PATIENT NAME | DUE DATE | INVOICE NUMBER | BALANCE DUE |
|---|------------|---|-------------|
| JOHN Q PUBLIC | 10/28/2021 | 90000000 | \$18.15 |
| To pay by MasterCard, American Express, Discover, or Visa fill out below: | | | |
| <input type="checkbox"/> MASTERCARD | | <input type="checkbox"/> AMERICAN EXPRESS | |
| <input type="checkbox"/> DISCOVER | | <input type="checkbox"/> VISA | |
| CARD NUMBER | | SECURITY CODE | |
| CARDHOLDER SIGNATURE | | EXPIRATION DATE | |
| GUARANTOR ID 1234567 | | AMOUNT PAID \$ | |

000001



JOHN Q PUBLIC
1234 MAIN ST APT 1A
HENDERSON KY 42420-0000

MAKE CHECKS PAYABLE TO:

Deaconess

Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

TO ENSURE PROPER CREDIT, PLEASE DETACH AND RETURN WITH PAYMENT IN ENVELOPE PROVIDED

| Guarantor ID: 1234567 | | Statement Date: 9/30/2021 | Due Date: 10/28/2021 | Page: 1 of 1 | |
|--|------|-------------------------------|----------------------|----------------------|-----------------|
| DATE | CODE | DESCRIPTION | CHARGES | PAYMENTS/ADJUSTMENTS | PATIENT BALANCE |
| Visit Accounts on Payment Plan | | | | | |
| Date of Service 1/3/2020 - Visit # 9000200000 - JOHN Q PUBLIC | | | | | |
| 1/30/2020 | | INSURANCE ADJUSTMENT - ANTHEM | | -1,164.43 | |
| 1/30/2020 | | INSURANCE PAYMENT - ANTHEM | | -232.62 | |
| 9/28/2021 | | PATIENT PAYMENT - Thank You | | -702.80 | |
| | | Payments Remaining: 1 | | | |
| | | Payment Plan Balance: 18.15 | | | |
| | | CURRENT PAYMENT DUE | | | 18.15 |

QUESTIONS

Deaconess offers a variety of payment options. If you are unable to pay your balance in full, please contact our billing offices at (812) 450-6815 or (800) 467-6802. Office Hours are Monday – Friday 8:00 am – 4:15 pm.

To pay your account log into MyChart at:
<https://www.deaconess.com/mychart>

or to pay your account online visit our website at:
<https://www.deaconess.com/paybill>

Deaconess offers financial assistance to our patients (additional information on the back of the statement). Accounts not paid within 45 days and two statements are outsourced to Complete Billing Services.

Current Balance: \$18.15

Balance Due: 10/28/2021 \$18.15

Pay in seconds by snapping a picture of this bill!
Search **Papaya Pay** in the app store

We Encourage You To Retain This Statement For Your Personal Records
Deaconess Health System, PO BOX 1230, Evansville, IN 47706-1230

IF ANY OF THE FOLLOWING HAS CHANGED SINCE YOUR LAST STATEMENT, PLEASE INDICATE...

ABOUT YOU:






| | | | |
|---|--|------------------|---|
| YOUR NAME (Last, First, Middle Initial) | | | |
| ADDRESS | | | |
| CITY | STATE | ZIP | |
| TELEPHONE () | MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married | | <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed |
| EMPLOYER'S NAME | | TELEPHONE () | |
| EMPLOYER'S ADDRESS | CITY | STATE | ZIP |

ABOUT YOUR INSURANCE:

| | | |
|---|-------|-------------------|
| YOUR PRIMARY INSURANCE COMPANY'S NAME | | EFFECTIVE DATE |
| PRIMARY INSURANCE COMPANY'S ADDRESS | | TELEPHONE () |
| CITY | STATE | ZIP |
| POLICYHOLDER'S ID NUMBER | | GROUP PLAN NUMBER |
| YOUR SECONDARY INSURANCE COMPANY'S NAME | | EFFECTIVE DATE |
| SECONDARY INSURANCE COMPANY'S ADDRESS | | TELEPHONE () |
| CITY | STATE | ZIP |
| POLICYHOLDER'S ID NUMBER | | GROUP PLAN NUMBER |

FOR YOUR CONVENIENCE

You may submit payment:

-  MyChart at <https://www.deaconess.com/mychart> or using the MyChart mobile app
-  Online at <https://www.deaconess.com/paybill> through our secure payment portal
-  By calling our account representatives at (812) 450-6815 or (800) 467-6802
-  Via US Mail with attached coupon to PO BOX 1230, Evansville, IN 47706-1230
-  In Person at any Deaconess Health location

pay Pay with a picture in seconds!
 Search **Papaya Payments** in the App Store
 or pay online at www.ppaya.com/pay

Download on the App Store
 GET IT ON Google Play

If you have any questions or need additional information regarding your account, you may call our account representatives at **(812) 450-6815** or **(800) 467-6802**.

Availability of Financial Assistance:

Deaconess Health System offers financial assistance to patients based on the following criteria:

1. Family income and assets are evaluated. Assistance is provided up to 400% of the Federal Income Poverty Guidelines.
2. Applications must be complete and include all attachments to be considered valid. For assistance with financial assistance, please call 812-450-6815. Applications can be found online at <https://www.deaconess.com/For-You/Patients-and-Visitors/Patients/Financial-Assistance>. Applications and attachments can be mailed, emailed to financial.assistance@deaconess.com, or faxed to 812-450-6822.
3. If the hospital feels like you could qualify for Medicaid, we will request that you apply. Deaconess can help you fill out an application for Medicaid. For assistance, please call, 812-450-3740.
4. If your financial assistance application is approved, the hospital will notify you that your balances have been reduced.

If an out of network provider saw a patient at an in network facility, the patient is not responsible for more than the in network rate of that patient's health plan, plus any required copayment, deductible, or coinsurance. If you feel that you received an out of network penalty inappropriately, please contact our Customer Service Department.