



THE WOMEN'S HOSPITAL
 P.O. BOX 637272
 CINCINNATI, OH 45263

PATIENT NAME	DUE DATE	INVOICE NUMBER	BALANCE DUE
JANE Q PUBLIC	1/22/2023	101234567	\$1,936.58
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 2012345	AMOUNT PAID \$	

000001



JANE Q PUBLIC
 1234 MAIN ST APT 1A
 EVANSVILLE IN 47714-0000

MAKE CHECKS PAYABLE TO:

THE WOMEN'S HOSPITAL
 P.O. BOX 637272
 CINCINNATI, OH 45263

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

Guarantor ID: 2012345		Statement Date: 12/25/2022	Due Date: 1/22/2023	Page: 1 of 1	
DATE	CODE	DESCRIPTION	CHARGES	PAYMENTS/ ADJUSTMENTS	PATIENT BALANCE
Date of Service 10/18/2022 - Visit # 1031000000 - JANE Q PUBLIC					
<i>Professional/Clinic Services (MISSAGGIA, MEGAN)</i>					
10/18/2022	99238	Hospital IP/Obs Discharge Day Mgmt 30 M*	191.00		
11/22/2022		PATIENT ADJUSTMENT		-118.42	
<i>PROFESSIONAL/CLINIC SERVICES BALANCE</i>				0.00	72.58
Date of Service 10/24/2022 - Visit # 1031000001 - JANE Q PUBLIC					
<i>Professional/Clinic Services (PHIFER, LISA MARIE)</i>					
10/24/2022	99232	Sbsq Hospital IP/Obs Care Mod Mdm 35 Mi*	211.00		
11/3/2022		INSURANCE PAYMENT - GAINWELL TECHNOLOGI*		0.00	
<i>PROFESSIONAL/CLINIC SERVICES BALANCE</i>				0.00	211.00
Date of Service 10/25/2022 - Visit # 1031000002 - JANE Q PUBLIC					
<i>Professional/Clinic Services (MISSAGGIA, MEGAN)</i>					
10/25/2022	99231	Sbsq Hospital IP/Obs Care Sf/Low Mdm 25*	136.00		
12/1/2022		INSURANCE PAYMENT - GAINWELL TECHNOLOGI*		0.00	
<i>PROFESSIONAL/CLINIC SERVICES BALANCE</i>				0.00	136.00
Date of Service 12/7/2022 - Visit # 9100782194 - JANE Q PUBLIC					
<i>Professional/Clinic Services (TETANGCO, EULA)</i>					
12/7/2022	45380	Colonoscopy W/Biopsy Single/Multiple	1,517.00		
12/20/2022		INSURANCE PAYMENT - GAINWELL TECHNOLOGI*		0.00	
<i>PROFESSIONAL/CLINIC SERVICES BALANCE</i>				0.00	1,517.00

QUESTIONS

To Enroll in a Commerce Bank Payment Plan, scan the QR code below or contact our billing office at (812)450-6815 or (800)467-6802. Office Hours are Monday-Friday 8:30am-4:00pm, closed 12:30pm-1:15pm.



Current Balance:	\$1,936.58
Balance Due: 1/22/2023	\$1,936.58

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
 The Women's Hospital, PO Box 637272, Cincinnati, OH 45263

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/Pay-My-Bill> 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 P.O. Box 637272, Cincinnati, OH 45263
-  In Person at any Women's Hospital location

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 Search Papaya Payments in the App Store
 or pay online at www.ppaya.com/pay

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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 350% 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/Pay-My-Bill/Financial-Assistance>. Applications and attachments can be mailed, emailed to financial.assistance@deaconess.com, or faxed to 812-450-5261.
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.