

Keys To Understanding Your Lawrence & Memorial Hospital Bill

NUMBERED AREAS POINT OUT WHERE IMPORTANT INFORMATION CAN BE FOUND ON OUR NEWLY FORMATTED STATEMENT.

STATEMENT EXPLANATIONS

- 1 Area to complete when paying by credit card
- 2 Date statement was printed
- 3 Date payment is due
- 4 Patient's account number
- 5 Total guarantor portion due payable with this statement
- 6 Area to write amount you will be paying at this time
- 7 Name and address of person recorded as responsible party for account (guarantor)
- 8 Date of services provided and dates of financial transactions
- 9 Description of services provided
- 10 Insurance information we have on file
- 11 Important messages pertaining to your account
- 12 How to contact us
- 13 Back of statement, please make any address or insurance changes here

MAKE CHECKS PAYABLE TO: **LAWRENCE & MEMORIAL HOSPITAL**
 365 Montauk Ave. New London Connecticut 06320
 0202 Bringing the future of healthcare 31057

TEMP-RETURN SERVICE REQUESTED
 PATIENT ACCOUNTS: 860-444-4702

PAGE: 1 of 1

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.

CHECK CARD USING FOR PAYMENT
 MASTERCARD DISCOVER VISA AMERICAN EXPRESS

CARD NUMBER SIGNATURE CODE *4 digit code on back of card
 SIGNATURE EXP. DATE

PATIENT NAME STATEMENT DATE DATE DUE
 JOHN Q. PATIENT 09/24/08 10/09/08

ACCOUNT NUMBER AMOUNT DUE AMOUNT PAYING
 V123456789 331.07 \$

7 JOHN Q. PATIENT
 123 NORTH MAIN STREET
 ANYTOWN USA 12345-6789

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

9 PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Account Summary		Summary of Charges	
Patient Name	JOHN Q. PATIENT	Description	What We Billed Insurance
Account Number	V123456789	RADIOLOGY	256.00
Service Date (s)	07/18/08-07/18/08	EMERGENCY ROOM	574.00
Charges Billed to insurance	830.00	TOTAL	830.00
Insurance payments received	-424.58		
Patient Payments	0.00		
Adjustments	-74.35		
Pay This Amount	331.07		

Insurance Information		About Your Account	
Primary Insurance:	ANTHEM BLUE CROSS	There remains a balance on your account. The insurance(s) listed has been billed. Please remit your payment or contact your insurance company regarding the unpaid balance. Please contact the Business Office at (860) 444-4702 with an update. Thank you.	
Primary Insurance ID:	ABC11222333		
Secondary Insurance:			
Secondary Insurance ID:			

12 Questions or Concerns:
 If you have questions or concerns regarding your account, or to discuss payment arrangements please call the Lawrence and Memorial Hospital Business Office at 860-444-4702 Monday through Friday between the hours of 8:30 A.M. and 4:00 P.M. (except holidays). For your convenience, we accept VISA, MASTERCARD, DISCOVER, and AMEX. Please contact your insurance carrier(s) regarding co-pays/deductibles and out of pocket expense.

13 Thank you for allowing Lawrence & Memorial to serve your health care needs. www.lmhospital.org

For answers to questions about your Lawrence & Memorial Hospital Statement, please call a Patient Representative at (860) 444-4702.

Please keep a copy of itemized statements, as future statements may not include the details of the original.

Below is the back side of the statement. Please use this to inform us of any changes or corrections to your insurance information.

13 IF YOU HAVE A NEW ADDRESS OR INSURANCE INFORMATION, PLEASE COMPLETE:

Street _____ Telephone () _____
 City _____ State _____ Zip _____

Primary Insurance		Secondary Insurance	
Subscriber Name	Subscriber Birth Date	Effective Date	Plan Number
S.S. Number	Group Number	Policy ID. Number	Relationship of Patient to Subscriber
Insurance Name	Insurance Address	City, State	<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER
Subscriber Name	Subscriber Birth Date	Effective Date	Plan Number
S.S. Number	Group Number	Policy ID. Number	Relationship of Patient to Subscriber
Insurance Name	Insurance Address	City, State	<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER

HERE IS SOME IMPORTANT INFORMATION CONCERNING THIS STATEMENT OF YOUR LAWRENCE & MEMORIAL ACCOUNT

- PAYMENT TERMS**
 Payment in full is expected as shown in the AMOUNT DUE box within 15 days of the Statement Date. Please submit your payment in the return envelope enclosed for your convenience. The following credit cards are also accepted: VISA, MASTERCARD, DISCOVER, and AMERICAN EXPRESS.
- PATIENT ACCOUNTS OFFICE HOURS**
 If you have any questions or concerns regarding your account or you would like to discuss payment arrangements, please call us Monday through Friday at 860-444-4702, between 8:30 AM and 4:00 PM (excluding holidays). You may also contact our patient representatives via email at L&MPatientRep@lmhosp.org. Questions concerning deductibles/co-pays or insurance benefits should be directed to your health insurance carrier.
- FINANCIAL COUNSELORS**
 We have Financial Counselors available to discuss possible financial assistance options. Please feel free to contact them at 860-444-4702 or via email at L&MFinancialCounselor@lmhosp.org.
- OTHER BILLING INFORMATION**
 You may receive separate statements from other physicians or medical specialists who assisted in your hospital care. If you have any questions regarding their services or the statements you may receive from them, please contact them at the numbers listed below.

Emergency Room Physician..... 800-982-8177
 Pathologist..... 866-543-9984
 Radiologist..... 860-688-0033
 Cardiologist..... 800-960-9695
 Anesthesiologist..... 800-699-2780