

13 Provided for your information are additional instructions regarding our billing practices, answers to some frequently asked questions, and our uncompensated care guidelines

14 This area is provided to indicate any changes to either insurance or address information.

13 **What it all means**

You - and not your insurance provider - are responsible for paying the amount next to What you owe now on page one. This amount represents the portion of charges your insurance provider has considered to date, minus their coverage payments to us for those charges. We don't expect any more payments from your insurance provider for this set of charges. We must receive your payment for the amount by the due date on the first page.

This may include money you owe towards your health insurance deductible, coinsurance payments, or co-payments.

You are responsible for meeting your deductible before your carrier will begin paying for services. After your deductible with your carrier is satisfied, you may still be responsible for paying your percentage of the cost of services (coinsurance) and/or co-payments. For questions regarding any of these, please call your health insurance carrier directly.

See your account overview on page three for a complete look at your charges and their status.

Frequently asked questions about the statement

Q. How are my payments applied to my account?

A. We ask that you pay the full amount due on each billing statement so that your account remains in good standing. All patient payments are applied to the oldest outstanding patient obligation or charge first.

Q. Will my doctor's name appear on the billing statement?

A. No. We list only the department where the charge originated rather than the health care professional's name.

Q. What forms of payment do you accept?

A. We accept cash (we don't recommend that you send cash in the mail), check, Visa, MasterCard, Discover and American Express.

If you are paying in person, payments are accepted at the cashier's area or during check-out.

Information on Check Conversion Process

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution. If you do not want to authorize the electronic fund transfer, please call our Patient Services Call Center toll-free at 1-800-640-4206. Please be prepared to provide the call center staff with the payer's name, bank account number, and their bank's routing number.

If your check is returned to Geisinger due to insufficient funds, it will be re-presented to your bank electronically and your account will be debited the amount of the check plus the state allowed fee.

Need more detail?
If you need more detailed information than this Billing Statement provides, call a Patient Service representative at 1-800-640-4206, 7:30am to 6pm M-F, 9am to 1pm Saturday.

Change of address?
If your address on page one is incorrect, check the box on the other side of this slip and fill in your new address below:

Name _____
Address _____
City, State _____
Zip _____
Telephone Number _____

14

GEISINGER
100 North Academy Avenue
Danville, PA 17822-4322

80353D

At Geisinger Health System, we continually strive to improve our service to you, our valued patient. We have developed an improved statement that we believe will better meet your needs.

We have made every effort to make changes that will answer the most frequently asked questions and address concerns about our billing format.

A sample with a brief explanation of our new statement is included in this brochure.

QUESTIONS?

Geisinger Health System
Patient Service Coordinators
are available to answer
your questions

Monday through Friday
7:30 a.m. - 6:00 p.m.
and Saturday
9:00 a.m. - 1:00 p.m.
at

1-800-640-4206

or

log into our website:

www.geisingerwebpay.org

Introducing... Our New Health System Patient Statement Summary

GEISINGER

Making Sense of Our Statement



Keys To Understanding Your Geisinger Health System Bill

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

STATEMENT EXPLANATIONS


- 1** Date statement was printed
- 2** Name and address of person recorded as responsible party for account (guarantor)
- 3** Identifies specific facilities having activity on this statement (Geisinger Medical Center, Geisinger Clinic, and/or Geisinger Wyoming Valley Medical Center)
- 4** Patient information
- 5** How to reach us
- 6** Patient balance
- 7** Area to complete when paying by Discover Card, Visa, MasterCard or American Express
- 8** Fill in amount you are paying this statement
- 9** **Previous Charges** reflect services which have appeared on a prior Account Overview, but have not been paid. Charges are listed by facility.
- 10** **New Charges** reflect services having a patient balance which have not before been listed on an Account Overview. Charges are listed by facility.
- 11** **What you owe now** identifies the total patient balance for both previous and new charges. Amount reflects total for all facilities listed.
- 12** **What you owe later** indicates services provided but not yet processed.

GEISINGER
100 NORTH ACADEMY AVENUE
DANVILLE, PA 17822-3941

1 July 27, 2010
Billing Statement
for JOHN DOE

Medical Record Number: 9999999
Page 1 of 2

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To view your bill online, go to www.geisinger.org/paybill.

3 **For care received at:**
This billing statement represents hospital charges for Geisinger Wyoming Valley Medical Center.

5 **How to reach us**

- Written Correspondence?
Geisinger Health System Patient Service
100 North Academy Avenue, Danville, PA 17822-4322
- Requests for an appointment?
1-800-275-6401, 24 hours a day, 7 days a week
- For billing questions, change in insurance coverage, or questions regarding your deductible, copays, or coinsurance, please contact our Patient Service Call Center at 1-800-640-4206, 7:30am to 6pm M-F, 8am to 1pm Sat.
- E-mail: GHSPatientServiceCallCenter@geisinger.edu. We do not recommend sending confidential information to this address, as it is not secure (encrypted). Our MyGeisinger program, available at <https://mygeisinger.geisinger.org>, offers a secure alternative.

4 Patient: JOHN DOE
Medical Record Number: 9999999
Insurance Provider: Humana Employee Health
Policy No: XXXXX3404

6 **Previous Charges: \$50.00; Due Immediately**

New Charges: \$0.00

What you need to do

1. Your account is now past due. You are responsible for payment in full. Please pay the balance due.
2. To pay your bill, you can 1) go to www.geisingerwebpay.org; 2) call the PSCG at 1-800-640-4206, or 3) return the invoice below with payment.


(Please see reverse side for check conversion process)

**Geisinger and "Geisinger Health System" are registered trademarks of Geisinger Clinic. As a convenience to you, we will accept one payment made out to Geisinger Health System, and we will distribute the payment to the appropriate entities that provided care to you as detailed in this statement. Please contact us with any questions.

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Detach and return bottom portion with payment. Please make checks payable to Geisinger Health System, and write your medical record number on the check. 652710K

2 **GEISINGER**
100 NORTH ACADEMY AVENUE
DANVILLE, PA 17822-3941



0202

JOHN DOE
1234 MAIN ST
ANYTOWN, USA 99999-9999

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


CARD USING FOR PAYMENT

MASTERCARD
DISCOVER
VISA
AMERICAN EXPRESS


CARD NUMBER	SIGNATURE CODE
SIGNATURE	EXP. DATE

*Signature Code is the 3-digit code located in the signature strip on the back of card.

Patient: JOHN DOE
Medical Record Number: 9999999 Statement Date: July 27, 2010
Previous Charges: \$50.00; Due Immediately
New Charges: \$0.00
8 Amount Enclosed: \$ _____



JOHN DOE
1234 MAIN ST
ANYTOWN, USA 99999-9999



GEISINGER HEALTH SYSTEM
P.O. BOX 27727
NEWARK, NJ 07101-7727

002772? 05500564 00000000 100005000600000002 072710 0 001 ?

GEISINGER

Geisinger Health System
Account Overview

Patient Name: JOHN DOE
Medical Record Number: 9999999
Page 2 of 2
July 27, 2010 32283

9 **Previous Charges: For care received at Geisinger Wyoming Valley Medical Center**

This table shows the status of your previous charges by visit date.

Visit From - Through Date	Description	Total Charges	What we billed to insurance	What Ins. covered/ other	Your payments	What you owe now
05/24/2010	Emergency Services	408.88	408.88	-308.88	-50.00	50.00
Total for Geisinger Wyoming Valley Medical Center		\$408.88	\$408.88	-\$308.88	-\$50.00	\$50.00

10 **New Charges**

Your insurance company will send you a document explaining the amount your insurance covered.


Visit From - Through Date	Description	Total Charges	What we billed to insurance	What Ins. covered/ other	Your payments	What you owe now
No new charge activity						

11 **What you owe now:** **\$50.00**

12 **What you may owe later:**
There may be charges for services provided that have not yet been processed by our system and/or your insurance carrier. Once these are processed, we may send you a bill for the portion not covered.


To Pay Your Bills On-Line, Go To: www.geisingerwebpay.org

Thank you for selecting Geisinger Health System for your healthcare needs.



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