



**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 this amount by the due date on the first page.

This may include money you owe towards your health insurance carrier's 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, come to the cashier area or see the receptionist at the check-out area.

**You may be eligible for uncompensated care**

GHS provides uncompensated and discounted care to uninsured patients determined by family income and size as it relates to the Federal Poverty Guidelines. If you believe you are eligible, contact us at 1-800-640-4206 for an application.

**To be eligible you must:**

1. Not be a qualified Medicaid recipient and
2. Have an income at or below the Federal Poverty Guidelines.

**Federal Poverty Guidelines**

Persons in household	Annual Income
1	\$ 9,800
2	\$13,200
3	\$16,600
4	\$20,000
5	\$23,400
6	\$26,800
7	\$30,200
8	\$33,600

\* For each additional person add \$3,400.00 yearly

For more information regarding uncompensated care, please call 1-800-640-4206.

**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 8pm 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 \_\_\_\_\_



**Geisinger Health System  
 Account Overview**

**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
10/02/2006	Outpatient Services	1,497.00	1,497.00	-1,482.00	0.00	15.00
<b>Total for Geisinger Wyoming Valley Medical Center</b>		<b>\$1,497.00</b>	<b>\$1,497.00</b>	<b>-\$1,482.00</b>	<b>\$0.00</b>	<b>\$15.00</b>

**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						

**What you owe now:**

**\$15.00**

Your account balance is now past due. You are responsible for payment in full. To prevent additional collection activity, please call 1-800-640-4206 to contact Customer Service representatives for payment arrangements. Thank you. Please pay the balance due.

**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](http://www.geisingerwebpay.org)**

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



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