

32283



To view your bill online, go to [www.geisinger.org/paybill](http://www.geisinger.org/paybill).

**For care received at:**

This billing statement represents hospital charges for Geisinger Wyoming Valley Medical Center.

**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, 9am to 1pm Sat.
- E-mail; [GHSPatientServiceCallCenter@geisinger.edu](mailto: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.

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

**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](http://www.geisingerwebpay.org); 2) call the PSCC 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.

32283\*TZQ0MPSRJ000001

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

652710N

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

<b>IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.</b>			
CARD USING FOR PAYMENT			
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA	<input type="checkbox"/> 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**  
 Amount Enclosed: \$ \_\_\_\_\_

New Address? Check here and write your new address on the back



0202

JOHN DOE  
 1234 MAIN ST  
 ANYTOWN, USA 99999-9999

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

0027727 05500564 00000000 1000050006000000002 072710 0 001 7

**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 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.

**You may be eligible for uncompensated care**

Geisinger provides uncompensated and discounted care to uninsured patients determined by family income and size. Geisinger income limits for uncompensated care are based on 200% of the Federal Poverty Guidelines. Geisinger also provides patients with a variety of payment plans ranging from 12 to 36 months, up to 380% of the Federal Poverty Guidelines.

Please refer to the table below for income limits relating to uncompensated and discounted care. If you believe you are eligible or for more information regarding uncompensated care, please call us at 1-800-640-4206. If you are uninsured, you will not pay more than an average insured patient. Please note, to be eligible, you must;

1. Not be a qualified Medicaid recipient and
2. Have an income at or below Geisinger's Uncompensated/Discounted Care Guidelines.

Geisinger Income Limits for Discounted Care			
Persons in Household	100%	80%	70%
1	\$21,660	\$25,992	\$41,154
2	\$29,140	\$34,968	\$55,366
3	\$36,620	\$43,944	\$69,578
4	\$44,100	\$52,920	\$83,790
5	\$51,580	\$61,896	\$98,002
6	\$59,060	\$70,872	\$112,214

Please note that the above guidelines apply to residents of the 48 contiguous states & the District of Columbia. Different guidelines apply to residents of Alaska and Hawaii.

**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 \_\_\_\_\_



**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
05/24/2010	Emergency Services	408.88	408.88	-308.88	-50.00	50.00
<b>Total for Geisinger Wyoming Valley Medical Center</b>		\$408.88	\$408.88	-\$308.88	-\$50.00	\$50.00

**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:**

**\$50.00**

**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.**



0102



Handwritten title or header text at the top of the page.

Main body of handwritten text, appearing as several lines of cursive script.



612711A