

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.

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What it all means
This is a bill from Geisinger Health System.

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.

Once we receive your insurance provider's coverage payments on the pending charges, we may send you a bill for the portion not covered.

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. If you've arranged to make partial payments, you may specify we'll apply your partial payment to the oldest charges 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, and Discover. We also offer you the option to pay your bills online by going to www.geisingerwebpay.org. If you're paying in person, come to the Cashier's office on the first floor of the hospital building.

You may be eligible for uncompensated care
We provide care without charge to uninsured persons at or below the Federal Poverty line. 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	\$ 9,310
2	\$12,490
3	\$15,670
4	\$18,850
5	\$22,030
6	\$25,210
7	\$28,390
8	\$31,570

* For each additional person add \$3810.00 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 our Customer Service representative at 1-800-640-4206, Monday through Friday 7:30am to 6:00pm and Saturday, 9:00am to 1:00pm.

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 _____

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GEISINGER
100 North Academy Avenue
Danville, PA 17822-4322

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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



