

Keys To Understanding Your Geisinger Patient Statement

Numbered Areas Point Out Where Important Information Can Be Found On Your 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, MasterCard or American Express
8. Fill in amount you are paying this statement



100 NORTH ACADEMY AVENUE
DANVILLE, PA 17822-3941

1. February 26, 2014
Billing Statement
for John Q. Patient

Medical Record Number: 012345678
Page 1 of 2

32283



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

3. This billing statement represents physician charges for Geisinger Clinic.

5. How to reach us

- Requests for an appointment?
1-800-275-6401, 7:00 AM to 9:00 PM, 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: GHPatientService@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.

- Written Correspondence?
Geisinger Health System Patient Service
100 North Academy Avenue, Danville, PA 17822-4322

4.

Patient: John Q. Patient
Medical Record Number: 012345678
Insurance Provider: Blue Shield
Policy No: AAA3AAA23036970
Insurance Provider: Blue Cross
Policy No: AAA3AAA23036970

Previous Charges: \$0.00

New Charges: \$85.00; Due Upon Receipt

6. What you now owe: \$85.00

What you need to do

1. Payment from your insurance carrier was received. The balance on this statement is your responsibility. Please pay the balance due.
2. To pay your bill, you can
 - 1) go to 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 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*1080MNFST000001

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



100 NORTH ACADEMY AVENUE
DANVILLE, PA 17822-3941

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 Q. Patient
Medical Record Number: 012345678 Statement Date: February 26, 2014
Previous Charges: \$0.00
What you now owe: \$85.00
Amount Enclosed: \$ _____ **8.**

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

0202

2.



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



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

002722? 05752740 00000000 1000000060000&5002 022614 0 001 3

Geisinger Health System
 Account Overview

STATEMENT EXPLANATIONS

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 indicates the total patient balance for both previous and new charges. Amount reflects total for all facilities listed.

12. What you may owe later indicates services provided but not yet processed.

9. Previous Charges

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

Visit Date	Description	Total Charges	What we billed to Insurance	What ins. covered/ other	Your payments	What you owe now
No previous activity						

New Charges: For care received at Geisinger Clinic 10.

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

Physician and other professionals

Visit Date	Description	Total Charges	What we billed to Insurance	What ins. covered/ other	Your payments	What you owe now
01/30/2014	DY-DERMATOLOGY	526.00	526.00	-441.00	0.00	85.00
Total for Geisinger Clinic		526.00	526.00	-441.00	0.00	85.00

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

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



0002



STATEMENT EXPLANATIONS

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 address information

What it all means

13.

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 early as the same day we receive your payment, and you will not receive your check back from your financial institution.

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 care to uninsured patients determined by income and family size. Family income is determined using earnings of all household members and is based on a pre-tax basis. Ability to pay is determined by measuring liquid assets (e.g. savings and checking accounts, non-retirement investments). Geisinger income limits for uncompensated care are based on levels up to 300% of the Federal Poverty Guidelines (FPG). Geisinger also provides patients with flexible payment plans.

Please refer to the table below for income limits relating to uncompensated care. If you believe you are eligible or for more information regarding uncompensated care, please call us at 1-800-640-4206. Please note to be eligible, you must:

1. Not be a qualified Medicaid recipient
2. Not be eligible for enrollment in the Federal or State Health Insurance Exchange (Market Place) and
3. Have an income at or below Geisinger's Uncompensated Care Guidelines.

Geisinger Income Limits			
FPG Guidelines Income Levels	200%	240%	300%
	DISCOUNT % off charges		
FAMILY SIZE	100%	100%	100%
1	\$23,540	\$28,248	\$35,310
2	\$31,860	\$38,232	\$47,790
3	\$40,180	\$48,216	\$60,270
4	\$48,500	\$58,200	\$72,750
5	\$56,820	\$68,184	\$85,230
6	\$65,140	\$78,168	\$97,710

For each additional person, add \$8,320
Please note that the above guidelines apply to residents of the 48 contiguous states and 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, 8:00am to 5:30pm Monday thru Friday.

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.