

Logo

110 MAIN STREET
HAPPY PLACE OH 45601-8621

A Department of Bon Secours Medical Group OR Place of Service

Summary of Charges

Statement Date:	05/20/2020
Account Name:	Jane Doe
Account Number:	12345678910
Total Charges:	\$6,000.00
Insurance Adjustments:	\$4,500.00
Patient Payments:	\$0.00
Total Amount Due:	\$1,500.00
Due Date:	05/28/2020

Amount Due: **\$1,500.00**

Important Messages

Thank you for choosing **Bon Secours Medical Group** for your healthcare needs. Your account is now due. If you need help paying your bill, financial help is available. Call us at **888-888-8888**.

Gracias por elegir Adena Health para sus necesidades de atención médica. Su cuenta ahora está vencida. Si necesita ayuda para pagar su factura, hay ayuda financiera disponible. Llámenos al **888-888-8888**.

Amount Due:
\$1,500.00

Online Bill Pay

A fast, convenient way to manage your bill



www.xxxx.org/paymybill

Manage Your Account



Pay Online At
www.xxxx.org/paymybill



Call Us At
888-888-8888
Mon - Friday, 8:00am - 5:30pm



Scan to Pay By Phone



Logo

110 Main Street
Happy Place OH 5601-8621

A Department of Bon Secours Medical Group
OR Place of Service

Patient Statement

i For help with billing questions, please call **888-888-8888**
Office Hours: Mon-Fri 8:00AM-5:30PM

ADDRESSEE:



JANE DOE

123 MAIN ST
CLEVELAND OH 44193-0123

Account Name: Jane Doe
Account Number: 12345678910
Amount Due: \$1,500.00
Due Date: 05/27/2020



One-Time Payment: www.XXXX.org/paymybill

MAKE CHECKS PAYABLE AND REMIT TO:



Bon Secours Medical Group

Or Place of Service

LOCK BOX 932035
CLEVELAND OH 44193

699548 - 00001

X00001230456789 01132019 0000000007

Date	Service Description	Charges	Payments/ Adjustments	Patient Balance
PATIENT: JANE DOE				
00/00/00	ACCOUNT #12345/ DR. QUINCY	\$1000.00	-\$750.00	\$250.00
00/00/00	ACCOUNT #12346/ DR. QUINCY	\$1000.00	-\$750.00	\$250.00
00/00/00	ACCOUNT #12347/ DR. QUINCY	\$1000.00	-\$750.00	\$250.00
PATIENT: JACK DOE				
00/00/00	ACCOUNT #12345/ DR. QUINCY	\$1000.00	-\$750.00	\$250.00
00/00/00	ACCOUNT #12346/ DR. QUINCY	\$1000.00	-\$750.00	\$250.00
00/00/00	ACCOUNT #12347/ DR. QUINCY	\$1000.00	-\$750.00	\$250.00
	Balance			\$1500.00

ADENA HEALTH SYSTEM PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY (FAP)

System recognizes that some people cannot pay for all or part of their healthcare services. We are committed to providing access to healthcare to all persons, regardless of the ability to pay. We will do this in a compassionate manner that respects each person's dignity and privacy.

FINANCIAL ASSISTANCE PROGRAM

Patients must use all other resources, including application to the local Department of Job and Family Services, before financial assistance will be considered. Eligibility for assistance is based upon total gross income (how much you make before taxes) and the number of dependents (usually children but sometimes relatives who live with you) in your family. People who have special circumstances may receive further consideration. Eligible patients will not be charged more than patients who have insurance

HOW TO APPLY FOR FINANCIAL ASSISTANCE

Call [redacted] For a free copy of the FAP and the application in English or other languages talk to [redacted] representative or visit [www.\[redacted\].org](http://www.[redacted].org).

If you would like a copy of Adena's Billing and Collection policy please contact [redacted] or visit [www.\[redacted\].org](http://www.[redacted].org).

WHAT YOU NEED TO APPLY:

- 3 Months prior proof of income (pay stubs, social security income letter, etc)
- A bank statement
- An income less 400% of the federal poverty level
- You cannot be a recipient of Medicaid
- You must live in [redacted]

If you live another county or state, you must be preapproved for financial assistance before receiving care.

These services are covered: necessary health care, including physician fees provided by [redacted] employed physicians.

HOSPITAL CARE ASSURANCE PROGRAM (HCAP)

If you meet the above requirements and your income is below 100% of the federal poverty line, you may also receive Assistance (called HCAP) for your part of the hospital bill.

HCAP cannot provide assistance for: unnecessary services (i.e. Cosmetic), transportation fees, dental services.

2020 POVERTY INCOME GUIDELINES

Family Size	Income < 100% FPL =100%	Income 101% to 200% FPL= 100%	Income 201% to 300% FPL= 60%	Income 301% to 400% FPL=60%
1	\$12,760	\$25,520	\$38,280	\$38,280
2	\$17,240	\$34,480	\$51,720	\$51,720
3	\$21,720	\$43,440	\$65,160	\$65,160
4	\$26,200	\$52,400	\$78,600	\$78,600
5	\$30,680	\$61,360	\$92,040	\$92,040
6	\$35,160	\$70,320	\$105,480	\$105,480
For each additional person, add	\$4,480	\$8,960	\$13,440	\$13,440

Change of Address





Name (Last, First, Middle Initial) _____

Address _____

City _____ State _____ ZIP _____

Telephone _____

If Paying By Credit Card, Fill Out Below

CHECK CARD USING FOR PAYMENT    

CARD NUMBER _____ EXP. DATE _____

SIGNATURE _____ AMOUNT PAID _____

PRINT NAME _____

Primary Insurance Updates

Primary Insured Name _____

Primary Insurance Name _____ Effective Date _____

Primary Insurance Street Address _____

City _____ State _____ ZIP _____ Telephone _____

Employer Name _____ Group Number _____

Subscriber ID # _____ Policyholder's Date of Birth _____

Secondary Insurance Updates

Secondary Insured Name _____

Secondary Insurance Name _____ Effective Date _____

Secondary Insurance Street Address _____

City _____ State _____ ZIP _____ Telephone _____

Employer Name _____ Group Number _____

Subscriber ID # _____ Policyholder's Date of Birth _____