

EMORY HEALTHCARE EMORY PHYSICIANS GROUP
PO BOX 102398
Physician Group Practice ATLANTA, GA 30368-2398

Physician Statement

1 Billing questions: (404) 778-7318
Toll Free: (800) 511-4443
Hours of Operation: M-F 8:30 AM - 4:30 PM

2 Addressee
JANE DOE
1234 MAIN STREET
ATLANTA, GA 30368

Online Bill Pay

A fast, secure way to manage your bill online.

3 emoryhealthcare.mysecurebill.com 4 5

Account Number	Due Date	Amount Due	Amount Paid
12345678	1/25/2099	\$251.00	\$

6 Please make checks payable and remit to:
EMORY PHYSICIANS GROUP
PO BOX 102398
ATLANTA, GA 30368-2398

7 myEasyMatch Code: X-12345-6789-0123

Account Number	Patient Name	Statement Date	Due Date
12345678	JANE DOE	1/1/2099	1/25/2099

Date	Service Description	Charges	Payments/Adjustments	Patient Balance
Messages				
12	The following insurance is listed for your account: Primary - None Listed Secondary Insurance: - None Listed			
YOUR BALANCE IS NOW DUE. IF YOU ARE UNABLE TO PAY THE BALANCE IN FULL PLEASE CONTACT US IMMEDIATELY FOR ASSISTANCE AT (404) 778-7318.				
Clinic Charges				
13	12/15/2098 Encounter: 00000001 Provider: SPINDRIFT MD, EDWIN RADIOLOGIC EXAM CHEST 2 VIEWS	15 \$37.00	16	17 \$37.00
	Balance Due			
	12/15/2098 Encounter: 00000002 Provider: ECKLEBURG NP, T.J. E/M VISIT EMERGENCY DEPT	\$214.00		\$214.00
	Balance Due			

Make Payment in Full

1. Online: emoryhealthcare.mysecurebill.com

2. Payment by Phone: **404.778.7318**

3. Mail Payment Using Top Portion Above

STATEMENT SUMMARY

Total Charges\$251.00
Payments/Adjustments\$0.00

AMOUNT DUE: \$251.00

- 1 Billing Customer Service contact information.
- 2 Guarantor: Person responsible for the bill.
- 3 Account Number: Your personal patient number. Please reference this number when calling or writing to us about your account. Please write this number on your check when making payments by mail.
- 4 Due Date: Payment due by this date.
- 5 Amount Due: Total amount due at this time.
- 6 Payment Address: Location where all payment remittance should be mailed.
- 7 myEasyMatch® Code: For quick payment access online.
- 8 Account Number
- 9 Patient Name: The name of the person who received services.
- 10 Statement Date: The day this statement was printed.
- 11 Due Date: Payment due by this date. *If you are unable to pay the balance in full by this date, please contact us immediately for assistance at 404-778-7318.*

- 12 Message Center: Where Emory communicates changes impacting your account and insurance coverages you selected.
- 13 Date of Service: The date service was provided in our facility.
- 14 Services Description: The doctor and department name that provided the services and the service that was provided.
- 15 Charges: Fee charged for the service provided.
- 16 Payments and Adjustments: The amount of payments and reductions your insurance company provided.
- 17 Patient Balance: Your remaining responsibility after insurance payments and adjustments.
- 18 Payment Options: Web address for online payments, payments by phone and pay by mail instructions.
- 19 Amount Due: Total amount due at this time.

For questions, please call
404-778-7318 or **800-511-4443**.

Hours of Operation:
M-F 8:30 a.m. - 4:30 p.m.

Online payments:
emoryhealthcare.mysecurebill.com