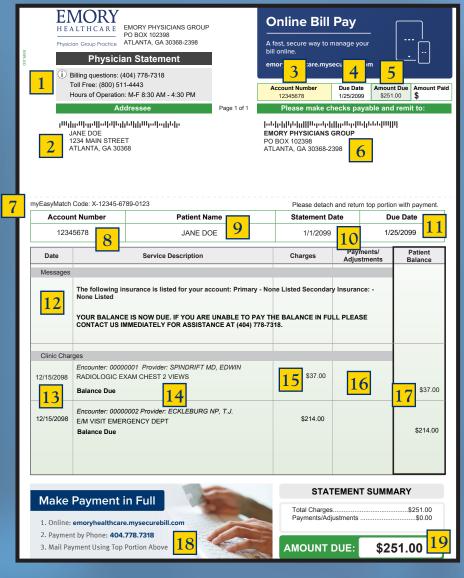


## **Physician Group Practice Statement**

Physician Group Practice



- Date of Service: The date service was provided in our facility.
- Services Description: The doctor and department name that provided the services and the service that was provided.
- Charges: Fee charged for the service provided.
- Payments and Adjustments:
  The amount of payments and reductions your insurance company provided.

- Patient Balance: Your remaining responsibility after insurance payments and adjustments.
- Payment Options: Web address for online payments, payments by phone and pay by mail instructions.
- Amount Due: Total amount due at this time.

- 1 Billing Customer Service contact information.
- 2 Guarantor: Person responsible for the bill.
- 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.
- Amount Due: Total amount due at this time.
- Payment Address: Location where all payment remittance should be mailed.
- 7 myEasyMatch® Code: For quick payment access online.
- 8 Account Number
- Patient Name: The name of the person who received services.
- Statement Date: The day this statement was printed.
- 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.
- Message Center: Where Emory communicates changes impacting your account and insurance coverages you selected.

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