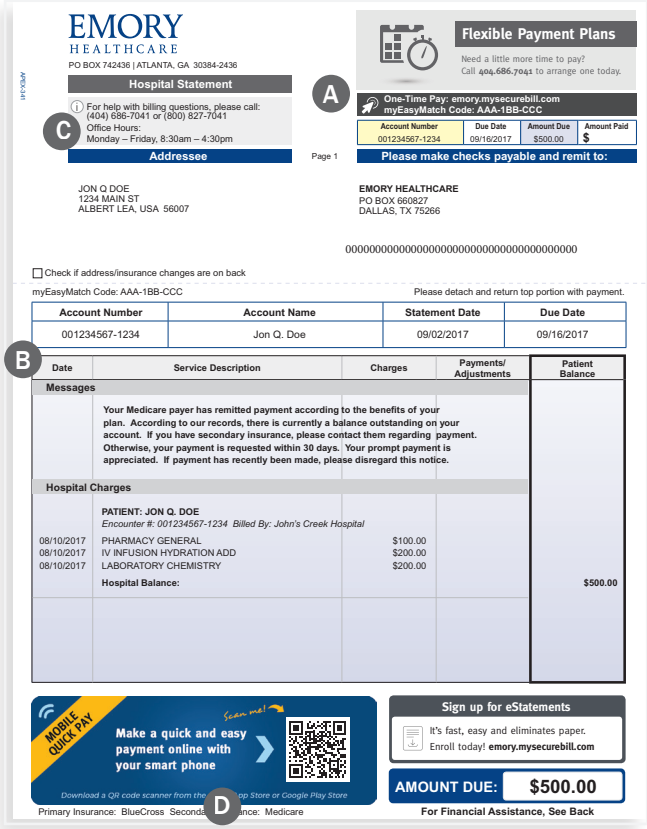
Your billing statement has a new look!

EMORY
HEALTHCARE

The sample Emory Hospitals billing statement shows where to find important information about your account. Please note the following features:



EMORY HEALTHCARE
PO BOX 742436 | ATLANTA, GA 30384-2436

Hospital Statement

For help with billing questions, please call: (404) 686-7041 or (800) 827-7041
Office Hours: Monday – Friday, 8:30am – 4:30pm

Addressee

JON Q DOE
1234 MAIN ST
ALBERT LEA, USA 56007

Flexible Payment Plans
Need a little more time to pay? Call 404.686.7041 to arrange one today.

One-Time Pay: emory.mysecurebill.com
myEasyMatch Code: AAA-1BB-CCC

Account Number	Due Date	Amount Due	Amount Paid
001234567-1234	09/16/2017	$500.00	$

Page 1

Please make checks payable and remit to:

EMORY HEALTHCARE
PO BOX 660827
DALLAS, TX 75266

00000000000000000000000000000000000000

Check if address/insurance changes are on back

myEasyMatch Code: AAA-1BB-CCC

Please detach and return top portion with payment.

Account Number	Account Name	Statement Date	Due Date
001234567-1234	Jon Q. Doe	09/02/2017	09/16/2017

Date	Service Description	Charges	Payments/ Adjustments	Patient Balance
Messages				
	Your Medicare payer has remitted payment according to the benefits of your plan. According to our records, there is currently a balance outstanding on your account. If you have secondary insurance, please contact them regarding payment. Otherwise, your payment is requested within 30 days. Your prompt payment is appreciated. If payment has recently been made, please disregard this notice.			
Hospital Charges				
	PATIENT: JON Q. DOE *Encounter #: 001234567-1234 Billed By: John's Creek Hospital*			
08/10/2017	PHARMACY GENERAL	$100.00		
08/10/2017	IV INFUSION HYDRATION ADD	$200.00		
08/10/2017	LABORATORY CHEMISTRY	$200.00		
	Hospital Balance:			$500.00

MOBILE QUICK PAY
Make a quick and easy payment online with your smart phone
Scan me!
Download a QR code scanner from the App Store or Google Play Store

Sign up for eStatements
It's fast, easy and eliminates paper.
Enroll today! emory.mysecurebill.com

AMOUNT DUE: $500.00

Primary Insurance: BlueCross Secondary Insurance: Medicare

For Financial Assistance, See Back

A

B

C

D

A myEasyMatch Code
This code is unique to each statement and must be used when making a payment online.

B Your Statement
A summary explanation of the statement you've received. This section is important because the message may vary with each statement you receive.

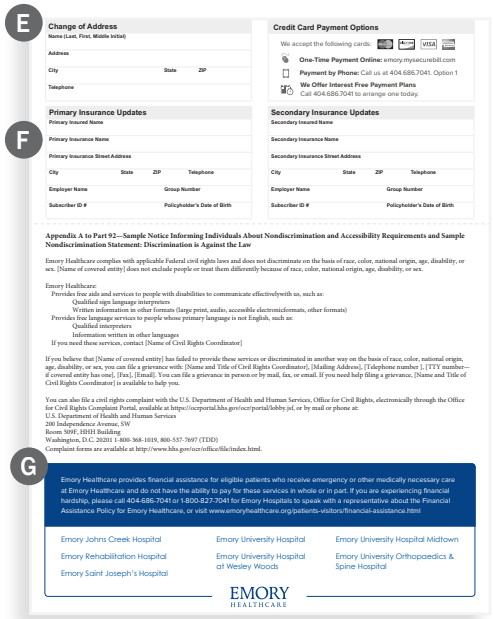
C Contact Us
Explains how to contact the hospital by phone.

D Insurance Information
Displays primary and secondary insurance name and policy/id number we have for this account.

E About You
How to notify us by mail of changes to patient name, address, phone number and other demographic information.

F About Your Insurance
How to notify us by mail of changes/additions to patient insurance information.

G For Your Information
Provides information about obtaining financial assistance.



E

F

G

If you have an active Emory Hospitals account with discharge date before 1 September 2018, you will continue to receive statements in the old format. Please follow payment instructions printed on the statement you receive.

Thank you for choosing Emory Healthcare.