



PO BOX 824406, PHILADELPHIA, PA 19182-4406

Temp - Return Service Requested

PAY ONLINE

Pay your bill online - easily and securely,
24 hours a day, 7 days a week through:
www.pennmedbill.com



**Online Bill Pay
Available Anytime**

CUSTOMER SERVICE



**Call This Number if You
Have Questions
Regarding Your Bill**

1-800-406-1177
Hours of Operation:
Monday - Friday: 8:00AM - 6:00PM EST
Saturday: 9:00AM - 1:00PM EST

JANE PATIENT
123 MAIN AVE
PHILADELPHIA PA 19107

Payments will be applied to the oldest open balance on your account, including any accounts that have been transferred to collections. The balance on your account is past due, please pay immediately. If you have recently submitted the payment, please disregard this notice.

Account Summary

ACCOUNT NUMBER: 12345

Payment Due Date:	10/16/2017
Total Patient Balance:	\$305.62
Payment Plan Amount Due:	50.94
*Balance Due Not on a Payment Plan:	0.00

Amount Now Due: \$50.94

*Note: To include balance due not on a payment plan please call Customer Service at 1-800-406-1177.

Insurance Information

Insurance 1	HORIZON BLUE CROSS OF NJ
Insurance 2	HORIZON BS OF NJ

**Current Balance
Due for Services on
This Statement**

FINANCIAL ASSISTANCE

Penn Medicine provides urgently needed services to all persons without regard to their ability to pay. Penn Medicine provides financial counseling and where appropriate significant discounts to uninsured and underinsured patients in accordance with the requirements in the Patient Protection and Affordable Care Act. If you are having difficulty paying your bill, please contact us at 800-406-1177 to determine the type of funding for which you may be eligible or to make payment arrangements.

**Use This Information to
Activate Your
myPennMedicine account**

myPennMedicine
Penn Medicine offers easy and secure online access to your medical record, scheduling, messages and more. To access portions of your health record, visit www.mypennmedicine.org, and use your personal activation code: ABCDE-1234 Your code will be valid for the next 30 days.

Please detach and return below portion with your payment



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Patient Name Jane Patient	Account No. 12345	Due Date 10/16/2017	Amount Now Due \$50.94	Amount Enclosed: \$ _____
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Patient Name

your address or insurance information. Indicate changes on the back of the bill.

**Use This Information to
Mail Your Payment**

Make checks payable to: PENN MEDICINE

Pay by Credit Card online at www.pennmedbill.com
or Call Customer Service at **1-800-406-1177**.

PENN MEDICINE
PATIENT PAY
PO BOX 824406
PHILADELPHIA PA 19182-4406



PROFESSIONAL SERVICES

TOTAL PROFESSIONAL

\$73.00

DATE	DEPT/ENTITY	PROCEDURE CODE/ DESCRIPTION	PROVIDER	CHARGES	PMT/ADJ	BALANCE DUE
4/14/2017	Penn Family Medicine New Garden	99213 OFFICE/OUTPT VISIT,EST,LEVEL III INSURANCE ADJUSTMENT(S)	SOLANET,	177.00		
					-104.00	73.00
				\$177.00	-\$104.00	\$73.00

The physician will bill for only their professional services

HOSPITAL SERVICES

TOTAL HOSPITAL

\$232.62

SERVICE DATE	DEPT/ENTITY	DESCRIPTION	CHARGES	PMT/ADJ	BALANCE DUE	
10/25/2016	CHESTER COUNTY HOSPITAL	Emergency - Emerg Room	692.00			
10/25/2016	CHESTER COUNTY HOSPITAL	Emergency - Laboratory/Path	1,547.00			
10/25/2016	CHESTER COUNTY HOSPITAL	Emergency - Pharmacy	78.00			
		Patient Payment(s)		-401.87		
		Patient Adjustment(s)		-1,682.51		
					\$232.62	
				\$2,317.00	-\$2,084.38	\$232.62

The hospital will bill for the use of its equipment, supplies, and/or technical services

HAS YOUR ADDRESS, PHONE, EMAIL OR HEALTH INSURANCE CHANGED?
If so, please enter the information below.

Change of Address or Health Insurance Information

Patient Name (PRINT)	New Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone Number (Home & Cell)	Email Address
<input type="text"/>	<input type="text"/>

Insurance Name	Policy Name	Group Number	Effective Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Insurance Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Insured Name	Insured Date of Birth	Insured Employer	Patient Relation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>