

Your New Bill

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Guarantor Name: JAMIE L SAMPLE
Guarantor Number: 5051234567
Bill Date: 12/11/15

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AMOUNT DUE NOW
\$1,525.03

Dear JAMIE L SAMPLE,

Thank you for choosing TriHealth. Please pay the full amount due upon receipt. Your cooperation in settling this account is very important. If you are unable to pay this amount in full, please contact our Customer Service team to set-up payment arrangements. **DUE TO TIMELY FILING LIMITS IMPOSED BY INSURANCE COMPANIES, TRIHEALTH WILL ONLY ACCEPT AND BILL INSURANCES UP TO 75 DAYS AFTER YOUR DATE OF SERVICE.** Any questions regarding payments and/or denials made by your insurance should be directed to your insurance carrier. For any other assistance, please contact us at (513) 569-6117 or (800) 234-5143. You may also email us at pfs@trihealth.com.

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PAYMENT OPTIONS

- To pay using our automated phone system dial (513) 569-6117
- To Pay using our secure web portal visit: www.trihealth.com
- Please call 513-569-6117 or 800-234-5143 to speak to a Customer Service Representative.

ACCOUNT SUMMARY

Balance Forward	\$ 4,495.07
Your Payments Since Your Last Statement	\$ -128.44
Current Charges	\$ 1,525.03
Amount Due Now	\$ 1,525.03

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GENERAL QUESTIONS

CONTACT US FOR QUESTIONS ABOUT YOUR BILL
(Llámanos para preguntas de su cuenta(s))

Call 513-569-6117 or 800-234-5143
Office Hours: Mon-Thu 8am-6pm
Friday 8am-4pm

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FINANCIAL ASSISTANCE

You may be eligible for financial assistance based on income. We provide assistance for individuals and families with income at or below 400% of the federal poverty guidelines. To apply for financial aid, please complete the form on the back of this statement.

Please see second page for a detailed summary of your bill

Detach section below and return with your payment.

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TRiHealth
613 Oak Street
Cincinnati, OH 45206

STATEMENT OF SERVICES
(AS OF December 11, 2015)
An Itemized bill will be provided upon request.

DATE	BY VISA, MASTERCARD, DISCOVER OR AMERICAN EXPRESS, FILL OUT BELOW
12/11/15	AMOUNT DUE NOW: \$1,525.03
12/11/15	DUE DATE: UPON RECEIPT

JAMIE L SAMPLE
123 ANYWHERE STREET
SOMEWHERE, US 12345-1234

TRiHEALTH SBO
PO BOX 630892
CINCINNATI, OH 45263-0892

1. **Patient Name** – the name of the person receiving medical care.
2. **Patient Number** – a unique number that helps identify each patient in our billing system.
3. **Amount Due** – the total amount due with this statement.

4. **Payment Options** – the ways you can pay your bill, including online, by phone or via the mail.
5. **Payment Plans** – the number to call if you are unable to pay your amount due in full and would like to establish a monthly payment plan.
6. **Financial Assistance** – general guidelines for applying for financial assistance. An application form will be available in your bill.

7. **Guarantor Name** – the bill will be addressed to the guarantor, or the person responsible for the patient financially.
8. **Payment Coupon** – indicate the amount you are paying and detach and mail the coupon with the information completed by the due date. The mailing address for payments is for our payment processing service.

9. **Hospital Charges** – this section details charges associated with the facility where you received care, such as radiology or laboratory services. The left side describes the services provided and the charges for each service. The right side describes payments, adjustments and the amount owed.

10. **Physician Charges** – this section details charges associated with the providers from whom you received care, such as a physician visit or another professional service provided. The left side describes the services provided and the charges for each service. The right side describes payments, adjustments and the amount owed.

QUESTIONS?

Monday through Thursday from 8:00 a.m. to 6:00 p.m. and Friday from 8:00 a.m. to 4:00 p.m. at (513) 569-6117 or toll free (800) 234-5143.

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STATEMENT OF SERVICES
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Patient Name	Place of Service	Visit Date	Services Description	Charges	Payments & Adjustments	Balance
VISIT ACCOUNTS ON PAYMENT PLAN						
8/11/15	Visit #100003416401	JAMIE L SAMPLE				
8/10/15	Visit #50001377196	JAMIE L SAMPLE			PAYMENTS REMAINING : 35	4,495.07
8/11/15	Visit #10000354198	JAMIE L SAMPLE			PAYMENT PLAN BALANCE	128.44
8/15/15	Visit #600000875892	JAMIE L SAMPLE			CURRENT PAYMENT DUE	
8/16/15	Visit #50001375354	JAMIE L SAMPLE				
VISIT ACCOUNTS NOT ON A PAYMENT PLAN						
Hospital	Jamie L Sample	10/1/15	0636 PHARMACY 0940 OTHER THERAPEUTIC SERVICES INSURANCE ADJUSTMENT AMOUNT DUE	17,893.28 140.00 -11,365.56 -5,162.18		\$1,295.54
Physicians	Gavin A Sample	10/15/15	0258 PHARMACY, GENERAL 0260 IV THERAPY 0301 LABORATORY, (LAB) GENERAL 0305 LABORATORY, (LAB) GENERAL 0331 RADIOLOGY - THERAPEUTIC 0335 RADIOLOGY - THERAPEUTIC, 0636 PHARMACY INSURANCE ADJUSTMENT AMOUNT DUE	102.96 410.04 152.76 87.00 218.00 916.00 3,706.92		\$101.05
HOSPITAL AMOUNT DUE						\$1,423.98
PHYSICIAN AMOUNT DUE						\$101.05
AMOUNT DUE NOW						\$1,525.03

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Save a Stamp pay your bill ONLINE www.trihealth.com

PAY BY PHONE
FAST EASY CONVENIENT AVAILABLE 24/7
513-569-6117

